

GOVERNOR'S TASK FORCE
ON
FOOD AND NUTRITION

Interim Report



November 1984

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EXECUTIVE SUMMARY

General Overview

There is a lack of specific information available on the nature and scope of nutritional deficiencies in Maryland. Nevertheless, a significant proportion of individuals are living in poverty and are directly or indirectly at risk of having less than satisfactory levels of food available. This may result in an inappropriate level of nutrition for many individuals.

The population at risk is heterogeneous and includes unemployed, displaced workers, single parent households, abused individuals, migrants, seasonal workers, those with recent catastrophic illness, as well as the long term poor. The problem reported by these diverse groups is nevertheless a common one; lack of funds and lack of sufficient benefits. These two problems were cited in all testimony received from both clients and agency personnel as the reason for insufficient food. Clearly lack of funds creates disruptions in food availability. The problem is reported to have escalated in the past several years. As a result emergency food service activities have proliferated in the state. In FY 84, as an example, 26,760 Baltimore City households were provided with emergency food services through the Department of Social Services. This does not reflect the large number of needy individuals served by the private sector in Baltimore City and throughout the state. This increase is underscored by the fact that the Maryland Food Bank provides over 500,000 pounds of food per month. In addition, emergency food kitchens have proliferated in the state with over 27 operating in Baltimore City.

The Maryland population living at 150% of poverty is estimated at 713,934 people. This estimate, developed in June 1984, is based on 1981 population data. The highest poverty levels indentified were in Baltimore City with 22.9%, Garrett County with 15.8%, and Somerset County with 15.7% of the population. Over eleven percent of the state's poor are 65 or older, 35.3% are under 18 years of age, and 25.7% are 5-17 years of age. Thus, 47% of Maryland's poor are elderly or children. One in ten children in Maryland received AFDC during 1982 and the average period on AFDC is just over 2 years. The current welfare grant for a family of three is \$313 per month; only 48% of the Department of Human Resources 1984 Standard of Need.

While data available on the nutritional status of the Maryland population is very incomplete, limited data is available. Composite information on 43,432 low income children below five years of age utilizing public health clinics in the state in 1983 indicates: 8.9% in Baltimore City, 13% in Caroline County and 9.9% in Queen Anne's County had a positive or suspect test for anemia. The statewide average for all children screened was 4.7%. In addition, information on selected groups of pregnant women, infants and children enrolled in the U.S. Department of Agriculture Supplemental Feeding Program (WIC) suggests 25% of enrolled participants had anemia. Poor dietary patterns were also identified. Moreover, dietary evaluation by the Office on Aging of elderly in the state indicates the mean caloric intake was 1531 calories, a value below recommended levels for the elderly.

General Recommendations

- ° Establish an Office of Nutrition.

Currently four agencies are involved in administering food and Nutrition Programs: Department of Human Resources, Department of Health & Mental Hygiene, Department of Education, and Office of Aging. The four agencies are responsible for administering more than 300 million dollars in federal, state and locally funded nutrition programs. There is no coordination and policy integration.

Economies realized by a coordinated approach, coupled with attracting additional federal funds into the state by increasing enrollment in entitlement programs will more than offset the administrative overhead of a new Office of Nutrition. The Office will both, 1) better meet the needs of the poor and hungry citizens of Maryland, and 2) operate a more administratively coherent Nutrition Program, capable of receiving maximum federal support while coordinating efforts with the private sector.

- ° Establish a State Advisory Council on Food and Nutrition Policy.

The Council will be the Advisory body to the Office of Nutrition. It will be composed of the responsible directors of each office administering food programs along with qualified professionals outside of the state administration, advocates, consumers, and other representatives as may be determined to be of assistance in carrying out the work of the Office and the Council.

- ° Develop and implement a statewide nutrition surveillance system.

A nutrition surveillance system within the state will serve to monitor the nutritional status of the population and serve to guide fiscal and programmatic administrative decisions as required. It will be administered through the State Office of Nutrition. The system will initially utilize available data from WIC, EPSDT, nutrition programs for the elderly, and the Food Stamp program. A composite index of the nutritional status of Marylanders will be established to monitor changes over time. It will require no new funds while providing maximum impact on the planning and targeting of limited federal and state resources to populations at greatest nutritional risk.

- ° Increase the Basic Welfare Grant.

Nutritional problems are directly and indirectly linked to poverty. The basic welfare grant level must be increased. Maryland ranks thirtieth in the Nation in the amount of its welfare payments. The current maximum state grant plus maximum food stamp benefits amount to only 69% of the Maryland Department of Human Resources level.

- ° Provide additional state subsidies for the School Lunch Program.

The relatively high proportion of eligible children not participating in the reduced price school lunch program can be directly attributed to the increase in the cost of a reduced price lunch from 10¢ to 40¢. When the cost to the child was 10¢, participation levels were at 85%, commensurate with participation in the free lunch program. In order to reestablish the previously higher levels of participation in the reduced price school lunch program, this Task Force recommends that the State of Maryland reinstate the earlier 10¢/meal charge and subsidize the 30¢ difference until such time as the guidelines are changed on the federal level. The cost to the state of absorbing this differential would amount to \$1.9M per school year.

- ° Maintain food program eligibility for a period of time following reemployment and loss of program eligibility.

Recipients attempting to reenter the work force are precipitously dropped from food and health programs. This may serve as a disincentive, or unfair penalty directed at the very individuals attempting to extricate themselves from federal and state dependency.

Some of the most compelling testimony presented at the public hearings of this Task Force was that of former recipients of nutrition and supplemental income programs. Time and again they reported that after finally finding employment, they were immediately stripped of all benefits. The lag time between the cessation of benefits and the arrival of the first paycheck often created severe hardships for families. Purchases delayed because of the temporary lack of income and purchases required for the new job add more pressure. Clothing, transportation, and childcare expenses are further aggravated if the first paycheck is held, as is often the case.

- ° The adoption of a federally funded Commodity Supplemental Food Program.

The program will serve as an adjunct to the current state WIC program. It may serve to provide food to WIC eligible client currently on waiting lists due to lack of funds and may also serve to bridge the gap of unmet need in the state.

It will represent an infusion of new and previously unutilized federal commodities and funds. In addition program regulation provides for administrative funds which will support, in part or whole, the additional cost of operating the program.

- ° Simplify client application procedures, increase agency efficiency and effectiveness, and improve interagency cooperation and referral.

The application procedure is cumbersome, lengthy and redundant. Many agencies request the same basic information to evaluate an application. Information between agencies is frequently not be exchanged. Referrals for multiple services and benefits should be encouraged. Training to optimize worker sensitivity to clients should be encouraged.

Require agencies to submit an annual plan designed to identify the population at nutritional risk, the proportion being served and plans for providing services to the unserved.

- ° Establish a state clearinghouse in the Office of Nutrition to assure that all nutrition educational materials, curricula, media messages and public information programs on nutrition be consistent and compatible with health promotion and disease prevention goals. In addition, systematize new and existing consumer education activities of multiagencies to maximize all food assistance programs for more efficient use of resources.

Program Recommendations

The Food Stamp Program

The program is a federally funded entitlement program. Federal FY 85 funds are estimated to be 181 million dollars plus 16 million dollars of state funds. Eligibility is based on household income and household size and other non-financial criteria such as citizenship, age, residency, student status, relationships affecting household composition and work registration compliance. Eligibility is based on gross income below 130% of poverty and net income below poverty level. Benefits are based on Thrifty Food Plan Values as determined by the Federal Government.

- ° Increase the level of Food Stamp Program enrollment.

Basing its estimate on the Maryland population below 125% of poverty, the Task Force concludes that only 61.7% of the potentially eligible individuals are currently served by the program. It is estimated that the range of dollars lost to the State is between \$1.9 million and \$4.1 million a year (based on minimum (\$10) and average (\$45) monthly benefits/person). Increased participation stimulates local business, creates jobs, and creates a larger tax base for generating local, state, and federal dollars.

- ° State Support for Food Stamp Outreach to Increase Enrollment and Inflow of Federal Dollars.

State support for food stamp outreach is recommended while Maryland seeks restoration of federal funding in this area. Outreach can also advise clients as to the most expeditious way to apply for benefits. This will reduce unnecessary visits and result in greater agency efficiency.

- ° Improved Food Stamp Worker Training.

Despite the potential for an inevitable tension in the worker-client relationship, the agency must work to minimize the tension where possible. With adequate program support the agency can begin to address this problem. Currently 3 trainers are responsible for the entire state system of 1410 eligibility caseworkers and 236

supervisors overseeing Food Stamps, AFDC, GPA and Medical Assistance; each a complex program in itself. With six trainers the agency would be able to assign one to each of its regions to upgrade current efforts and to mandate sensitivity training for all caseworkers and supervisors. Improved training could also be expected to reduce program error. The Department's FY 86 Budget Plan proposes to upgrade hiring policies to create a new Caseworker-Associate IV classification. The proposal deserves legislative support.

- Simplify Program Regulations.

The complexity and restrictiveness of program regulations is a burden testified to by client and worker alike. Relief in a number of areas must be sought at the Federal level. Despite constraints, improvements should be made in simplifying procedures while promoting uniformity in their administration throughout the state.

- Changes Required at the State Level.

The option within the state to require additional verification, should be deleted in order to prevent differential treatment of clients from one jurisdiction to another. Placing the regular review of regulations and implementation in a state body outside of the administering agency e.g. in the proposed Office of Nutrition, would facilitate meeting the stated goal.

- Changes Required in Federal Regulations.

Increase the assets limit from \$1,500 to \$2,250, of particular benefit to the recently unemployed, and from \$3,000 to \$3,500 for households with at least one person over age sixty. Return the "household" definition to its 1979 status, to allow siblings, parents, and children over 18 living with their parents to be considered separate food stamp households. Currently extended families sharing living quarters to save on shelter expenses are penalized. Increase the earned income deduction from 18% to 20% to help the working poor. Seek to replace the Federal Thrifty Food Plan with the Low Cost Plan as the basis for determining benefit levels. Continue to seek a state option for monthly reporting, retrospective budgeting. Continue to oppose penalties for food stamp error rate in excess of 3%.

- Timely Issuance of Food Stamps.

Agency-generated data show that several counties have been out of compliance with 30-day issuance for periods of months during the last year, and 16 out of 17 City DSS centers have been substantially out of compliance for expedited issuance during the same period of time. The Legislature could provide further support by requiring enforcement of local compliance with federal and state law and/or regulations, enabling the Attorney General to seek injunctive relief against a jurisdiction in violation. Migrant and seasonal farmworkers are a subpopulation with special and urgent needs for timely and equitable

service. The Automated Income Maintenance System (AIMS) should be used to develop useful data.

- Inadequate Benefit Levels

Restore 6-month cost-of-living adjustments to the Thrifty Food Fund while working to make the low cost food plan the basis for benefits. Because inadequate benefits are compounded by cash-flow problems for recipients, food stamp coupons should be in the hands of the client during the first few days of the month. For the same reason, we would oppose state or federal efforts to stagger issuance throughout the month.

- Support for Employment Initiatives

Employment initiatives pilot programs are establishing a good track record in moving AFDC clients off of public assistance and into stable employment. We recommend that the legislature resolve to give continued support to these initiatives over any efforts to have clients simply "work off" their public assistance or food stamp benefits, and that the Congressional Delegation support efforts to keep workfare as a state option for the Food Stamp Program.

- Maintain a Caseload Profile.

Caseload profiles will enable DHR to identify basic factors affecting participation: who is denied benefits and why, who fails to complete the application process and why, which potential eligibles fail to apply and why. In addition, the Caseload Profile study will serve to identify target populations for outreach.

The National School Lunch and Child Nutrition Programs

The National School Lunch and the Child Nutrition Programs include the National School Lunch Program, School Breakfast Program, Food Distribution Program, Special Milk Program, Child Care Food Program, Summer Food Service Program, and the Nutrition Education and Training Program. Federal funding and food value in 1985 is expected to be \$69,612,158 for the above programs. In addition, state funding is projected to be \$4,987,605. The School Lunch Program serves approximately 300,000 youngsters daily while the Breakfast Program reaches approximately 31,000 youngsters each day. There are 683,491 children enrolled in the public schools in the state. Of this number 149,877 are currently eligible for free meals and 35,982 have been approved for reduced price meals for a total of only 27.2%. Each year the Maryland State Department of Education enters into an agreement with the U.S. Department of Agriculture to administer these programs. They are administered by the Educational Support Services Branch within the Division of Administration and Finance.

- Increase the number of children participating in the school breakfast program from the current levels of 17.4% and 4.5% for free and reduced price breakfast, respectively.

School breakfast participation is very low. An average of only 17.4% of the students approved for free lunches and only 4.5% of those approved for reduced price lunches participate in the Breakfast Program. Federal reimbursement is approximately \$.70 and \$.40 respectively for free and reduced price breakfasts. If all children, approved to receive a free lunch, at a breakfast each day, the state would be entitled to receive approximately \$15,000,000 in additional federal funds. Likewise, if all children, approved to receive a reduced price lunch, ate a breakfast each day, the state would be entitled to receive approximately \$2,500,000 in additional funds. The receipt of these additional federal funds will require that \$2,063,922 will be made available in state funds and \$10,817,802 in local funds.

- ° Increase participation in the lunch program for free and reduced price meals.

Eighty-two percent of children approved for free lunch participate in the program and 56% of those approved for reduced price lunches participate in the program. Federal reimbursement is \$1.2025 per child/day plus a food value of \$.1150 for each lunch served. If all children approved to receive a free lunch were in attendance at school and ate a lunch each day, the state would be entitled to receive approximately \$5,750,000 in additional federal funds. Likewise, if all children approved to receive a reduced price lunch were in attendance and ate a lunch each day, the state would be entitled to receive approximately \$2,000,000 in additional funds. The receipt of these additional federal funds will require that \$1,350,688 will be made available in state funds and \$1,543,644 in local funds.

- ° Provide state funds to reduce the charge for a reduced price lunch and breakfast.

An option available to the state is to subsidize the reduced price cost of \$.40 and \$.30 for lunch and breakfast respectively; state adoption of a fully subsidized program for this group of children while waiting for the passage of federal legislation would ensure improved nutrition of school children while capturing the federal reimbursement identified above.

- ° Provide state funds for the Food Distribution Program to help with the cost of warehousing food and moving food from the state warehouse to the sponsor.

Charges are now made to the program sponsors. This program provides food for the preparation of meals served to individuals participating in the National School Lunch, Child Care, and Summer Food Service Program. In addition, food is provided to charitable institutions which are nonpenal, noneducational public institutions and noneducational, tax exempt private institutions organized for charitable or public welfare purposes.

- ° Emphasize nutrition education and training of children, teachers and food service workers.

Initiate legislation to restrict the sale of competitive foods during the school feeding hours in Maryland.

- ° Maximize school feeding programs through new marketing techniques and positive public information campaign.
- ° Cooperate with other State Agencies who administer nutrition programs for "high risk" children to secure their support in encouraging families who have children eligible for free and reduced price meals to make an application for this service.
- ° Seek Congressional support in 1985 for the following amendments to the Child Nutrition Act:
 - 1) Increase school breakfast reimbursement by 6¢ and require the Secretary of Agriculture to improve the nutritional quality of school breakfasts.
 - 2) Raise eligibility level for reduced-price school meals to 195% of poverty.
 - 3) Increase the subsidy for reduced-price breakfast and lunch by 15¢ for breakfast.
 - 4) Restore federal subsidy for an additional meal and snack for day care meals under the Child Care Food Programs.
 - 5) Restore eligibility to private nonprofit sponsors in the Summer Food Program.

Nutrition Programs for the Elderly

There are now more than 400,000 Maryland residents aged 65 and older. By 1990, those aged 65 and over will increase by 25%. Over the next 20 years this population will increase faster than any other age groups in the Maryland population. Eleven percent of the elderly in the state are judged to be poor. The dramatic increase in the elderly population in Maryland has resulted in a number of unmet needs. While congregate meals and community services are offered at senior centers and nutrition sites throughout the state, limited federal funding of these programs has prevented the necessary expansion of services to meet the needs of growing numbers of senior citizens. Federal funding in 1985 is anticipated to be \$7,473,000. In addition, over \$3 million is derived from state and local support as well as participant contributions. Approximately 45,000 elderly participate in the program with approximately 2,500 homebound receiving meals at home.

- ° Increase the number of elderly poor participating in organized nutrition programs.
- ° Increase the number of home delivered meals to the elderly poor who are frail, disabled and homebound.

Identify pick-up sites for the elderly where family members or friends may pick up food to take to a homebound elderly individual.

Approximately 31,803 persons over 65 are believed to be non institutionalized homebound elderly. It is important to seek innovative methods to meet their nutritional needs.

- Develop alternate systems for home delivered meals.

Modification or changes include a) daily versus biweekly delivery including weekend coverage, b) utilize frozen, dehydrated and other shelf stable foods, c) increase participation level of the most needy segment of the population by innovative use of existing resources (one or two meals), d) develop closer coordination with in-home service providers for more efficient approaches to meal preparation and shopping, and e) study feasibility of using the mails to reach isolated participants with food.

- Establish cooperative relationship between WIC and the elderly nutrition program.

Tie-in with purchase and delivery of groceries may be considered where WIC home delivery service is available. Program could be referred to as "Twice", i.e. serving people as infants and as older individuals. Pilot programs of this nature have been established in three sites.

- Maintain age related statistics to target services to the elderly.
- Improve coordination of transportation resources for the elderly at all levels of government.

Access to congregate meal sites, inability to deliver meals to the homebound and frail, lack of transportation in rural areas point to the need for a coordination of transportation resources.

- Implement commodity distribution program for the elderly.
- Evaluate the effectiveness of using more school cafeterias as feeding sites for the elderly.
- Encourage more effective use of professional dietitians and nutritionists at local level to provide nutrition education for the elderly.
- Provide state funds for filling gaps created by inadequate federal funds.

This would permit the program to reach more eligible participants, keep sites open 5 days per week, provide meals where needed for weekends, and provide special meals for those whose medical conditions require modifications.

- Identify the extent of current unmet need in rural and urban areas.

The WIC Program

The program serves, through local health agencies, low income pregnant and lactating women, infants and children under 5 who meet income eligibility criteria and are determined to be at nutritional risk by a qualified professional. The United States Department of Agriculture funds the program which is administered through the Preventive Medicine Administration of the Department of Health and Mental Hygiene. FY 1985 funds are anticipated to be \$21 million, anticipated enrollment is 48,750.

- Allocate state funding equivalent to 10% of federal food dollars to partially fill the unmet need.

Only 44% of the estimated eligible population is being served. There is a cap on additional federal funds. State augmented federal funds will permit increased enrollment. It will also serve as an administrative buffer to encourage maximum expenditure of federal funds. It will serve to eliminate reversion of funds which was a problem in years past and serve to fill the gap when federal funds are overspent as occurred this past fiscal year.

- Streamline the food package and target food more critically, thereby increasing the number of recipients to be served.

Careful tailoring of the food package providing more accurately targeted age specific calorie and nutrient requirements will result in cost efficiencies which will permit an increase in the number of clients that can be served by the program.

- Adoption of the U.S. Department of agriculture Commodity Food program to complement the WIC program in the state.

The State should petition the U.S. Department of Agriculture to adopt a commodity distribution program which will augment and complement the ongoing WIC program. This will bring additional food to individuals unable to be served by the WIC program. Programs are currently being operated in a number of states as well as Washington, D.C.

- Develop a single statewide contract for the home delivery program and/or other state developed competitive bid programs to reduce the cost of food.

Replacement of local program contracts with a single contract can result in considerable cost savings resulting in an increase in the number of clients served.

- Utilize the existing computerized WIC data base to determine areas of greatest need within the state and within counties.

Extensive information is routinely collected and available on computer tape. The data identifies client characteristics, nutritional problems, and administrative patterns that can be utilized to map

nutritional status at a State and local level. It may also serve as the basis for differentially targeting resources to those areas demonstrating the greatest need. The above data base can serve as one key element of a state nutrition surveillance and monitoring system.

- Maintain, improve, and extend the state based computerized WIC program data base.
- Assist counties with levels of enrollment below the state average to increase the level of participation.
- Develop annual projection to better anticipate the number of enrollees in each category to reduce the extreme fluctuation which has characterized the program.
- Increase programmatic outreach. Identify special problems specific to migrants as well as those in rural areas.
- Maintain and support the State WIC Advisory Council to provide oversight, assistance and counsel.
- Congressional support in 1985 for a four year reauthorization of WIC at increased funding levels.

Private Sector

The private sector through its religious, volunteer and business communities discharges an increasingly critical role in meeting the needs of the hungry poor. All groups within the state report a doubling to a tripling of the demand for service over the past several years. The number of soup kitchens has more than doubled in the past 3 years, while the number of emergency food centers now number 250 in Baltimore City and more than 400 statewide. Further, the Maryland Food Bank distributed 500,000 pounds of food per month in 1984. In addition, religious groups serve the entire spectrum of the poor, the elderly, the homeless and the unemployed. Food Co-ops are also extensively utilized and represent communities and families attempting to help themselves.

- Soup kitchen activities with the aid of the state be expanded to cover present weekend and evening hours.

Despite the fact that in Baltimore City alone there are 27 soup kitchens serving over 93,000 meals per month, more than double the number in 1982, there are large unfilled gaps in meeting demand. This is particularly the case in evenings and on weekends.

- Local governments, departments of social services and local community agencies in rural areas should work to stimulate and cooperate with local religious and other volunteer groups in developing emergency food centers in strategic geographic areas presently underserved.

- A more adequate support system be developed for the recently de-institutionalized who are presently dependent on soup kitchens for their primary source of food.
- A differential tax incentive program should be established for food donors to the Maryland Food Bank which would differentially reward specified high quality nutritious food donations.

Current incentives fail to distinguish differences in the quality of food donated resulting in a disproportionately high level of non-nutritious foods being donated.

- Develop a state program to stimulate the growth of a federation of low income food co-ops.
- Legislate a state tax incentive to farmers who open their fields to gleaning by approved low-income organizations.
- Vacant public lands should be opened to cooperative community gardening.
- A state grant to a qualified non profit agency of \$50,000 for the creation of a non profit food warehouse that would provide the nutritious foods not handled and stored by the Maryland Food Bank.

Federally Supported Nutrition Programs
State of Maryland
Budget
FY 85 (Est.)

	<u>Federal</u>	<u>State</u>	<u>Local</u>	<u>Other</u>
Food Stamps	181,000,000	16,000,000	--	--
<u>National School Lunch and Child Nutrition Programs</u>				
School Lunch	35,971,654	4,656,875	--	--
School Breakfast	4,466,625	328,730	--	--
Food Distribution	17,562,794	--	--	--
Child Care Food Program	6,819,191	--	--	--
Summer Food Service	1,949,839	--	--	--
Administrative	675,994	255,522	--	--
Special Milk	328,616	--	--	--
NET	76,233	--	--	--
WIC	21,000,000	--	773,011 ^{a,b}	--
Nutrition Programs for the Elderly	7,473,914	439,642	879,284	1,352,452
TOTAL	277,324,860	21,680,769	1,652,295	1,352,452

^aFor June, July and August 1984, Montgomery County reported local funding in the amount of \$19,281.65 to serve WIC priority groups 4 and 5.

^bFor FY 84 a total of \$753,729 "in kind" local support for WIC was reported. (Since this amount may include "case formula" and other state funds, there is the possibility of double accounting and the inclusion of non local funds.)

THE MARYLAND FOOD COMMITTEE

SUMMARY OF FEDERAL FOOD PROGRAMS

APRIL, 1984 REVISED MAY, 1984*

FOOD PROGRAM	PURPOSE	BENEFITS	ADMINISTRATION	ELIGIBILITY	PARTICIPATION	PROBLEMS
WIC (Supplemental feeding for women, infants, & children)	Combined nutrition & preventive health; provides iron & protein-rich food to low-income, nutritionally-at-risk pregnant women, nursing mothers, & children under 5 (Pilot, 1972; Permanent, 1974)	Vouchers or direct delivery of eggs, milk, juice, cereal, infant formula; nutrition education; in cooperation with health clinics providing care. Non-entitlement program.	Fed: USDA State: DDMH Local: private non-profit or public clinics under contract to state.	Means-tested at 185% of Poverty, & at nutritional risk	Estimated eligible population in MD: 108,000 women, infants & children. Participation rate: about 49%. Federal funding is capped, meaning eligibles can participate only until allocated money to state runs out	"CAP" on Federal \$ for the program keeps eligible women, infants and children from receiving benefits; Sub-contracted computer company terminated by MD WIC in Jan. '84; the program is now being run in-house, with some problems remaining. Outreach should be continued to keep Federal \$ from being returned unspent while eligible people aren't being served.
CHILD CARE FOOD PROGRAMS (CCFP)	Helps to provide good nutrition for children up to age 12 participating in licensed Day Care. (Pilot: 1968; Permanent, 1978)	Cash reimbursements to Day Care providers, depending on the number of meals served, up to 2 meals & 1 snack. (3 meals and 2 snacks prior to Federal cut-backs) Entitlement program.	Fed: USDA State: DOE	For reimbursements: non-profit licensed Day Care Provider, or for-profit provider with at least 25% of enrolled children needy.	90% of the dollars go to help feed kids from poor and near-poor families. The number of meals served in MD declined 18.2% 1981-82 due to Federal cuts.	Federal cut-backs in meals & snacks included, and in the reimbursement rate.
SCHOOL LUNCH PROGRAM	1946 Program Goal Statement: "as a measure of national security, to safeguard the health & well-being of the Nation's children". Uniform, nationwide in 1970.	Lunch available to all children in participating schools, in 3 categories based on household income: full-price, reduced-price, and free. Cash reimbursement to schools based on number of meals served; schools also receive commodity foods to reduce their costs. Entitlement program.	Fed: USDA State: DOE Local: School system	For free meals, household income below 130% of Poverty; for reduced-price, household income below 185% of Poverty. Funds must be provided for districts wanting to participate.	Number of meals served in MD dropped 25.8% 1980-82 to about 53.6 million meals; number of reduced-price meals served dropped 42% 1980-82. Federal reimbursement dropped 54.7% in that same period.	Tightened eligibility guidelines, cumbersome verification procedures, and reduced Federal reimbursements which translate into higher priced meals for kids. All keep participation down. At the local level there can be problems with discrimination among paying, reduced-price, and free meal users, as well as discrimination in the verification process. School meal quality is a frequent local issue. Cut-backs in NET have undercut the important educational part of
SCHOOL BREAKFAST PROGRAM	Pilot begun in 1966 in response to widespread malnutrition among poor children.	Same as School Lunch Entitlement program.	Same as School Lunch	Same as School Lunch	88% of those served are from poor or near-poor households. The number of MD kids receiving reduced-price breakfasts dropped 78% 1981-82. About 6.2 million meals were served in 1982, down 29.5% from	

FOOD PROGRAM	PURPOSE	BENEFITS	ADMINISTRATION	ELIGIBILITY	PARTICIPATION	PROBLEMS
SPECIAL MILK PROG.	Provides free milk for kids who would qualify for free school meal if their school had a program. Entitlement program.		Same as School Meals	Only schools that have no breakfast or lunch program	82.0% drop in milk served in MD. 1981-82	Program virtually eliminated by Federal cut
NET (Nutrition Education & Training Program)	Since 1977, intended to provide expanded nutrition education and training to school children, teachers, and school food service personnel; to develop curricula and materials. Non-entitlement program.		Same as School Meals		Funding to MD. dropped 31% from 1980-81 and another 70.6% from 1981-82, despite the fact that nutrition education is supposed to be an integral part of School Meal Programs and improves use in them.	
SUMMER FOOD PROGRAM	Provides lunches & snacks to kids up to age 18 who participate in school meals in low-income communities Entitlement program.	Eligible providers to receive administrative & food reimbursements; kids receive meal & snack free.	Fed: USDA State: DOE Local: School food authority, public sponsor, or residential camp.	Sponsors that operate centers where more than 50% of the children are eligible for free or reduced-price school meals. Churches & community-based groups like the YWCA, who had been the most effective sponsors, are ineligible.	Average daily participation in MD dropped 32.5% 1980-82	Elimination of churches and community-based groups as eligible providers limits access to the program
CONGREGATE MEALS PROGRAM	Provides meals & social support services to the elderly over age 60 & their spouses. 1972 amendment to Older Americans Act.	Meals are free with voluntary contributions requested. Center operations vary from 3 to 7 days a week. Non-entitlement program.	Fed: HHS State: Office on Aging	Over age 60, regardless of income level	About 14,000 meals served daily in MD at 255 sites; 70% of participants are poor.	Funding levels not keeping pace with inflation; pressure applied to clients to "volunteer" more of the program costs, despite the fact most are in poverty
HOME-DELIVERED MEALS PROGRAM	Provides meals to the elderly home-bound unable to prepare their own food. 1972 amendment to Older Americans Act.	Non-entitlement program.	Fed: HHS State: Office on Aging	Over age 60, home-bound or unable to prepare own meals. regardless of income level	About 3,700 meals served daily in MD. 74% of participants are poor.	

PROBLEMS

PARTICIPATION

ELIGIBILITY

ADMINISTRATION

BENEFITS

PURPOSE

FOOD PROGRAM

FOOD STAND PROGRAM

Means -tested; family must pass two income tests; gross income below 130% of Poverty and net income below Poverty.

Current participation in MD: (Dec. '83): 121,276 households down from a high of 140,000 households prior to the 1981 Federal budget cuts. While need has increased due to the long recession tightened eligibility rules have kept program participation down.

Tightened Federal regs have eliminated many in need & reduced benefits to most others - emergency food center users generally fall into one of these two categories.

Elimination of outreach (another 1981 Federal cut) also means many "new poor" who are eligible aren't aware of the program.

At the state/local levels, client rights are often violated. Local monitoring can be very useful here.

Fed: USDA
State: DHR
Local: DSS

Household receives stamps that can be used for food items only; benefits are based on household income & number of people in the household

Entitlement program

To improve the nutrition of low-income people, since 1977 revision; 74-77 nationwide program was also intended to decrease farm surplus.

DEFINITIONS

Entitlement Program: once a client meets the eligibility requirements, funds must be provided for benefits. If the Federal government wants to cut funding for such a program, it must be done by tightening regulations to make fewer people eligible or by reducing benefits to eligible clients.

Non-entitlement program: the eligible program population can participate only as long as funds are available. Program spending is kept down by "capping," or placing a ceiling on the amount of funds that can be spent to serve eligibles. In this way, if the spending ceiling is not adjusted to rises in the cost of living, fewer people can be served with the same amount of money, effectively making cuts in the program.

Poverty Level: Frequently used as a measure of those who are "at-risk" of hunger &/or malnutrition. There is, by definition a link between hunger and poverty. In 1965 the Poverty Level was developed by combining a 1955 USDA study showing that the average family spent one-third of their income on food and a 1961 study showing how little families could spend on food and still meet federally set nutrition standards. The result was this minimum food budget times three. USDA itself describes this food budget as "designed for short-term use when funds are extremely low." This also means that the "near-poor," with incomes close to poverty level, and who tend to have very unstable incomes, can also reasonably be seen to be "at-risk" of hunger. The current Poverty Level for a family of four is \$9,900.

ABBREVIATIONS

- DH: MD Dept. of Health & Mental Hygiene
- DHR: MD Department of Human Resources
- ED: MD Department of Education
- USDA: United States Dept. of Agriculture

STATE OF MARYLAND
ESTIMATE OF 1981 POPULATION BELOW 150% OF POVERTY LEVEL BY AGE

	UNDER ONE	1 TO 4	5 TO 17	18 TO 64	65 AND OVER	TOTAL
MARYLAND	10319	38932	145341	442833	76509	713934
BALTIMORE CITY	4203	15341	53723	160294	34966	268527
TOTAL COUNTIES	6116	23591	91618	282539	41543	445407
ALLEGANY	234	793	3402	11933	3051	19413
ANNE ARUNDEL	631	2428	9231	28659	3064	44013
BALTIMORE COUNTY	787	3184	12350	42926	7248	66495
CALVERT	104	417	1591	4136	548	6796
CAROLINE	88	312	1227	3611	829	6067
CARROLL	154	551	2404	7414	1106	11629
CECIL	152	665	2737	6757	1069	11380
CHARLES	190	799	3202	7403	678	12272
DORCHESTER	104	402	1570	4968	1344	8388
FREDERICK	243	966	3446	10066	1411	16132
GARRETT	117	455	1731	4792	952	8047
HARFORD	290	1116	4781	13364	1405	20956
HOWARD	117	459	1894	5702	442	8614
KENT	51	189	751	2719	673	4383
MONTGOMERY	571	2276	9279	29256	4086	45468
PRINCE GEORGE'S	1252	4606	17203	52496	4491	80048
QUEEN ANNE'S	71	271	1001	3468	646	5457
SAINT MARY'S	231	972	3304	7512	902	12921
SOMERSET	83	293	1094	3698	975	6143
TALBOT	66	246	931	3353	945	5541
WASHINGTON	279	1077	4391	14122	2753	22622
WICOMICO	202	740	2704	9164	1788	14598
WORCESTER	99	374	1394	5020	1137	8024

PREPARED BY: MARYLAND CENTER FOR HEALTH STATISTICS
JULY 10, 1984

STATE OF MARYLAND
POVERTY LEVEL POPULATION ESTIMATES AND AVERAGE FOOD STAMP PARTICIPATION
1981

	TOTAL 1981 POPULATION ESTIMATES AT:			AVERAGE FOOD STAMP PARTICIPATION		RANK AT POVERTY
	POVERTY	150%	200%	1981	PER CENT SERVED AT POVERTY	
MARYLAND	558342	713934	1055422	344233	61.7	
BALTIMORE CITY	224291	268527	356227	193049	86.1	24
TOTAL COUNTIES	334051	445407	699195	151184	45.3	
ALLEGANY	14118	19413	29282	6984	49.5	15
ANNE ARUNDEL	32727	44013	69971	17121	52.3	16
BALTIMORE COUNTY	48718	66495	108633	18899	38.8	9
CALVERT	5245	6796	10048	3278	62.5	23
CAROLINE	4573	6067	9101	2419	52.9	17
CARROLL	8320	11629	19851	2570	30.9	1
CECIL	8382	11380	18052	4699	56.1	19
CHARLES	9648	12272	17522	5468	56.7	20
DORCHESTER	6352	8388	12218	2981	46.9	13
FREDERICK	11556	16132	26004	3865	33.4	3
GARRETT	6213	8047	12482	2426	39	10
HARFORD	15389	20956	32390	7453	48.4	14
HOWARD	6491	8614	15108	2495	38.4	7.5
KENT	3249	4383	6414	1393	42.9	11
MONTGOMERY	35430	45468	69681	12472	35.2	5
PRINCE GEORGE'S	61370	80048	128745	32600	53.1	18
QUEEN ANNE'S	3745	5457	8668	1725	46.1	12
SAINT MARY'S	9691	12921	18965	3717	38.4	7.5
SOMERSET	4546	6143	8827	2718	59.8	22
TALBOT	4202	5541	8219	1313	31.2	2
WASHINGTON	16656	22622	34552	5803	34.8	4
WICOMICO	11484	14598	22061	6611	57.6	21
WORCESTER	5946	8024	12401	2174	36.6	6

PREPARED BY: MARYLAND CENTER FOR HEALTH STATISTICS
JULY 12, 1981

STATE OF MARYLAND
ESTIMATED COVERAGE OF NUTRITION PROGRAM FOR THE ELDERLY
BASED UPON 1901 POPULATION AND DISTRIBUTION ESTIMATES

	1981 POPULATION AGED 65 AND OVER			NUTRITION FOR THE ELDERLY RECIPIENTS			ESTIMATED PROGRAM COVERAGE AT			RANK BASED ON POVERTY
	POVERTY LEVEL	150%	200%	1979	1983	1981 ESTIMATE	POVERTY	150%	200%	
MARYLAND	60259	76509	111254	30133	41626	35879	.595	.469	.322	
BALTIMORE CITY	29206	34966	46386	11247	15171	13209	.452	.378	.285	8
TOTAL COUNTIES	31053	41543	64868	18886	26455	22670	.73	.546	.349	
ALLEGANY	2219	3051	4602	704	1307	1005	.453	.329	.218	9
ANNE ARUNDEL	2278	3064	4871	937	1014	975	.428	.318	.2	7
BALTIMORE COUNTY	5310	7248	11842	4366	5554	4960	.934	.684	.419	17
CALVERT	423	548	810	533	717	625	1.478	1.141	.772	23
CAROLINE	625	829	1244	222	350	286	.458	.345	.23	10
CARROLL	791	1106	1888	702	829	765	.967	.692	.405	18
CECIL	787	1069	1696	99	134	116	.147	.109	.068	1
CHARLES	533	678	969	348	403	375	.704	.553	.387	14
DORCHESTER	1017	1344	1957	645	373	509	.5	.379	.26	11
FREDERICK	1010	1411	2274	1089	1621	1355	1.342	.96	.596	21
GARRETT	735	952	1477	1178	1127	1152	1.567	1.21	.78	24
HARFORD	1032	1405	2172	967	750	858	.831	.611	.395	16
HOWARD	333	442	776	276	703	489	1.468	1.106	.63	22
KENT	499	673	985	82	111	96	.192	.143	.097	2
MONTGOMERY	3184	4086	6262	2521	5650	4085	1.283	1	.652	20
PRINCE GEORGE'S	3443	4491	7223	1049	1478	1263	.367	.281	.175	5
QUEEN ANNE	443	646	1027	74	286	180	.406	.279	.175	6
SAINT MARY'S	677	902	1325	683	894	788	1.164	.874	.595	19
SOMERSET	721	975	1401	462	389	425	.589	.436	.303	12
TALBOT	717	945	1402	175	277	226	.315	.239	.161	3
WASHINGTON	2027	2753	4205	525	766	645	.318	.234	.153	4
WICOMICO	1407	1788	2703	611	1049	830	.59	.464	.307	13
WORCESTER	842	1137	1757	638	673	655	.778	.576	.373	15

PREPARED BY: MARYLAND CENTER FOR HEALTH STATISTICS
JULY 11, 1984

School Breakfast and Lunch Enrollment

	<u>Number</u>	<u>Percentage</u>
<u>November 1, 1983</u>		
<u>Lunches</u>		
Paid	154,766	--
Free	125,866	83.9
Reduced	20,817	57.8
<u>Breakfasts</u>		
Paid	2,964	--
Free	27,627	18.4
Reduced	1,596	4.0
<u>December 1, 1983</u>		
<u>Lunches</u>		
Paid	161,499	--
Free	123,812	82.6
Reduced	20,994	58.3
<u>Breakfasts</u>		
Paid	3,259	--
Free	27,561	18.3
Reduced	1,666	5.0
<u>February 1, 1984</u>		
<u>Lunches</u>		
Paid	158,408	--
Free	122,675	81.8
Reduced	20,103	55.8
<u>Breakfasts</u>		
Paid	3,025	--
Free	26,101	17.4
Reduced	1,603	4.0
<u>Total Public School Enrollment</u>	683,491	
<u>Approved Applications</u>		
Free	149,877	21.9
Reduced	35,982	5.2

STATE OF MARYLAND
PER CENT OF POVERTY LEVEL CHILDREN
SERVED BY WIC
1981

	AGES 1-4 BELOW POVERTY	SERVED 9 MONTHS 1981	MONTHLY AVERAGE SERVED	PER CENT SERVED AT POVERT
MARYLAND	30132	198240	22028	73.1
WESTERN MARYLAND AREA	2413	11565	1285	53.3
ALLEGANY	577	9076	1008	174.7
FREDERICK	692			0
GARRETT	351	2489	277	78.9
WASHINGTON	793			0
BALTIMORE METHO AREA	18117	135273	15030	83
BALTIMORE CITY	12418	101330	11259	90.7
ANNE ARUNDEL	1806	16857	1873	103.7
BALTIMORE COUNTY	2333	10308	1145	49.1
CARROLL	394	3183	354	89.8
HARFORD	820		0	0
HOWARD	346	3595	399	115.3
NATIONAL CAPITAL AREA	5305	32781	3643	68.7
MONTGOMERY	1774	15485	1721	97
PRINCE GEORGE'S	3531	17296	1922	54.4
SOUTHERN MARYLAND AREA	1679	8931	993	59.1
CALVERT	322	3543	394	122.4
CHARLES	628		0	0
SAINT MARY'S	729		0	0
S MD. TRI-COUNTY		5388	599	
EASTERN SHORE AREA	2618	9690	1077	41.1
CAROLINE	235		0	0
CECIL	490		0	0
DORCHESTER	305		0	0
KENT	140	979	109	77.9
QUEEN ANNE'S	186		0	0
SOMERSET	217	842	94	43.3
TALBOT	186		0	0
WICOMICO	582	1228	136	23.4
WORCESTER	277	1317	146	52.7
JHU EASTERN SHORE	0	5324	592	

PREPARED BY: MARYLAND CENTER FOR HEALTH STATISTICS
JULY 31, 1984

STATE OF MARYLAND
PER CENT OF LOW BIRTHWEIGHT INFANTS BY COUNTY WITH SUM AND RANK
WORST FIVE AND BEST THREE SUBDIVISIONS
1 9 7 7 - 1 9 8 1

	1977	1978	1979	1980	1981	FIVE YEAR SUM OF PER CENTS	AVERAGE	RANK
STATE TOTAL	7.7	7.8	7.8	8.2	7.7	39.2	7.8	
BALTIMORE CITY	12.3	11.6	11.2	12	11.4	58.5	11.7	1
DORCHESTER	9.9	8.7	9.9	11.4	8.8	48.7	9.7	2
WORCESTER	12.2	7.7	7.1	9.3	9.5	45.8	9.2	3
SOMERSET	8	8.9	11.3	8.5	7.5	44.2	8.8	4
TALBOT	8.1	7.1	10.8	9.1	7.1	42.2	8.4	5
MONTGOMERY	5.5	5.6	5.9	6.3	5.5	28.8	5.8	22
HOWARD	5.2	5.5	5.6	5.6	6.1	28	5.6	23
WASHINGTON	5.9	5.6	6.4	5.6	4.4	27.9	5.6	24

PREPARED BY: MARYLAND CENTER FOR HEALTH STATISTICS
JULY 30, 1984

STATE OF MARYLAND
COMPUTATION OF FIVE YEAR AVERAGE INFANT MORTALITY RATES
WORST FIVE AND BEST THREE SUBDIVISIONS
1 9 7 7 - 1 9 8 1

	INFANT MORTALITY RATES					SUM	FIVE YEAR AVERAGE	RANK
	1981	1980	1979	1978	1977			
STATE TOTAL	12.8	14.1	14.6	14.4	14.4	70.3	14.1	
DORCHESTER	15.5	26.5	31.2	13.2	17.7	104.1	20.8	1
BALTIMORE CITY	17	18.4	21.2	22.2	20.7	99.5	19.9	2
GARRETT	21.8	14.7	16.9	23	21.4	97.8	19.6	3
WICOMICO	16.9	21.6	16.8	15.1	15.8	86.2	17.2	4
PRINCE GEORGE	13.8	17.3	15.7	15.4	14.4	76.6	15.3	5
BALTIMORE COUNTY	10.6	9.6	10.7	10.8	12.1	53.8	10.8	22
QUEEN ANNE	8.1	5.7	15.5	6.5	16.8	52.6	10.5	23
HOWARD	7.4	9.4	7.1	9.2	7.4	40.5	8.1	24

PREPARED BY: MARYLAND CENTER FOR HEALTH STATISTICS
JULY 30, 1984

STATE OF MARYLAND
RECALCULATION OF IMPROVED PREGNANCY OUTCOME INDICATORS OF NEED FOR 1981

	PROPORTION OF FEMALE POPULATION AGED 13-44 ON MEDICAL ASSISTANCE (1981)	MORTALITY RATES 5 YEAR AVERAGE (1977-1981)	PROPORTION OF BIRTHS BELOW 2500 GRAMS (1981)	PROPORTION OF MOTHERS UNDER THE AGE OF 18 (1981)	BIRTH RATE (1981)	FORMULA RESULT	RANK
STATE TOTAL	.108	19.5	.077	.058	14.5		
POST PERINATAL NEONATAL							
NORTHWEST AREA	.07	17.3	.058	.059	13.8	.212	4
GARRETT	.098	23.5	.095	.068	15.1	1.46	3
ALLEGANY	.105	20.9	.059	.07	12.5	.351	11
WASHINGTON	.071	17	.044	.06	12.2	.144	18
FREDERICK	.044	13.8	.059	.051	15.9	.102	20
BALTIMORE METRO	.149	19.9	.003	.067	14.4	.95	1
BALTIMORE CITY	.328	25.9	.114	.114	16.1	10.309	1
BALTIMORE COUNTY	.053	16.2	.064	.029	12.2	.049	22
ANNE ARUNDEL	.067	15.9	.057	.044	14.8	.127	19
CARROLL	.039	18.2	.064	.037	14.1	.059	21
HOWARD	.029	11.7	.061	.022	14.1	.013	24
HARFORD	.074	15.5	.07	.047	14.3	.2	16
NATIONAL CAPITAL	.056	19.7	.071	.037	14.7	.136	5
MONTGOMERY	.039	16.1	.055	.023	13	.025	23
PRINCE GEORGE	.068	22.2	.082	.047	16.2	.358	10
SOUTHERN AREA	.09	19.4	.069	.054	16.6	.324	3
CALVERT	.107	18.4	.074	.058	15.3	.233	14
CHARLES	.008	19.3	.07	.061	15.8	.435	8
ST MARYS	.082	20	.065	.044	18.3	.232	15
EASTERN SHORE AREA	.106	18.9	.081	.082	13.7	.729	2
CECIL	.098	15.2	.078	.069	14.1	.565	7
KENT	.092	17.7	.045	.054	11.9	.254	12
QUEEN ANNE	.004	21.6	.078	.067	13.9	.25	13
CAROLINE	.116	17.4	.09	.058	14.7	.635	6
TALBOT	.08	19.9	.071	.077	13.6	.166	17
DORCHESTER	.141	27.7	.000	.124	12.8	3.273	2
WICOMICO	.114	20.4	.087	.079	14.6	1.05	5
SUMMERS	.152	18.9	.075	.141	13.4	1.181	4
WORCESTER	.09	12.9	.095	.09	12.7	.378	9

Prepared By: Maryland Center for Health Statistics
July 3, 1984

STATE OF MARYLAND
HEMATOCRIT, HEIGHT, AND WEIGHT SCREENING RESULTS
FOR CHILDREN SEEN BY HEALTH DEPARTMENT CLINICS
CALENDAR 1983

1981 POPULATION ESTIMATE UNDER AGE FIVE AND BELOW POVERTY	HEMATOCRIT SCREENINGS			HEIGHT SCREENINGS			WEIGHT SCREENINGS		
	TOTAL COMPLETED	POSITIVE/ OR SUSPECT	PER CENT RANK	TOTAL COMPLETED	POSITIVE/ OR SUSPECT	PER CENT RANK	TOTAL COMPLETED	POSITIVE/ OR SUSPECT	PER CENT RANK
MARYLAND	43432	2038	4.7	43433	1143	2.6	43433	9192	21.2
BALTIMORE CITY	16325	490	8.9	5501	214	3.9	5501	1079	19.6
TOTAL COUNTIES	22306	1548	4.1	37932	929	2.4	37932	8113	21.4
ALLEGANY	747	11	1.5	749	2	.3	749	113	15.1
ANNE ARUNDEL	2275	248	3.3	7453	60	.8	7453	409	5.5
BALTIMORE COUNTY	2910	42	7.5	562	21	3.7	562	127	22.6
CALVERT	402	28	3.1	902	0	0	902	68	7.5
CAROLINE	301	141	13	1086	24	2.2	1086	280	25.8
CARROLL	504	73	4.8	1507	83	5.5	1507	216	14.3
CECIL	602	36	1.9	1925	48	2.5	1925	35	1.8
CHARLES	778	23	3.8	599	38	6.3	599	190	31.7
DORCHESTER	384	0	0	6	0	0	6	0	0
FREDERICK	866	40	6	663	10	1.5	663	48	7.2
GARRETT	441	7	2.2	324	2	.6	324	4	1.2
HARFORD	1033	24	5	478	36	7.5	478	138	28.9
HOWARD	434	6	4.7	128	4	3.1	128	9	7
KENT	178	30	4.2	716	33	4.6	716	258	36
MONTGOMERY	2219	35	5.6	623	27	4.3	623	147	23.6
PRINCE GEORGE'S	4491	613	3.8	16081	431	2.7	16081	5414	33.7
QUEEN ANNE'S	235	12	9.9	121	7	5.8	121	38	31.4
SAINT MARY'S	902	16	6.3	255	1	.4	255	78	30.6
SOMERSET	279	5	6.6	76	0	0	76	0	0
TALBOT	236	0	0	4	0	0	4	0	0
WASHINGTON	998	29	3.3	889	56	6.3	889	164	18.4
WICOMICO	741	102	4.7	2149	11	.5	2149	319	14.8
WORCESTER	350	27	4.2	636	35	5.5	636	58	9.1

PREPARED BY: MARYLAND CENTER FOR HEALTH STATISTICS
JULY 13, 1984

General Overview

Task Force Charge

The 1983 Session of the Maryland General Assembly passed House Joint Resolution 33, requesting the Governor to establish a Task Force on Food and Nutrition. The charge to the Task Force was to define the food needs of Maryland residents, to analyze the effectiveness of existing programs to meet those needs, to identify gaps in the existing service networks and to make recommendations to the Governor on approaches to reducing the hunger of our citizens.

The Task Force on Food and Nutrition has met on a regular basis each month since its inception in August 1983. We defined our objectives to include: 1) an analysis of current federal and state food assistance programs, 2) a review of privately sponsored programs within the state, 3) identification of the population in need of food assistance, 4) definition of the strengths and weaknesses of the current network of programs, 5) identification of the gaps and deficiencies within this structure, and 6) recommendations for improvements and changes directed at food and nutrition programs within the state. Recommendations are to be made on a short and long term basis, recognizing differences and limitations on the federal, state and local levels.

To accomplish the above objectives, members of the Task Force met one or more times each month. Testimony was received from directors of state food assistance programs, as well as from individual program directors of the major and local independently administered programs. In addition, public hearings were held in Hagerstown, Baltimore, and Salisbury. The

public hearings were attended by more than 300 people. Testimony was received from more than 85 concerned citizens, food program participants, local agency representatives and a number of community religious leaders. The interim report, predicated on the above information, will focus upon an analysis of the major food programs in the State of Maryland and will provide the results of our deliberation and judgement to date. In meeting our initial self-imposed deadline we acknowledge the need for additional review, revision and recommendations.

Definition of the Problem

A simple fact apparent to the Task Force is the lack of specific information available on the nature and scope of nutritional deficiencies and hunger in the State of Maryland. The same problem exists on a national basis. The absence of a comprehensive nutritional surveillance system makes it impossible to provide specific contemporary information on an age, sex, and region-specific basis. Rather, one must substitute a series of proxy indicators with varying degrees of proximity to the central question, the nutritional health of the citizens of Maryland, to derive some understanding of the issue.

Hunger/Malnutrition

It may be useful to define hunger and malnutrition inasmuch as the term may often be used imprecisely resulting in frequent confusion between the two. Malnutrition as used in the context of undernutrition may be defined as a state of impaired functional ability or development caused by an inadequate intake of essential nutrients and calories to provide long term needs. Malnutrition results in specific symptoms or conditions such as anemia, vitamin deficiency, growth retardation, marasmus or goiter.

Hunger is a psychologic and physiologic state resulting from insufficient food intake to meet immediate energy needs. It can be immediately relieved with food, whereas malnutrition requires a long rehabilitation period and may have long term and lasting effects. Hunger and malnutrition are not synonymous, although they are clearly interrelated.

In considering nutritional deficiencies it is useful to bear in mind that we are dealing with changes in the health of an individual which can occur over varying lengths of time. Thus, inadequate nutrient intake may initially result in undetected biochemical and metabolic change. Unchecked, the resulting change will lead to disease. In addition to the progressive changes noted above, individuals may be exposed to short term decreases in food resulting in hunger. Depending on the frequency with which this occurs, an individuals's health may be compromised.

Indicators of Risk

In the absence of a composite set of nutritional indicators to define the level of risk, information is derived from a variety of data sets which includes selected vital statistics information, fragmented nutrition information and economic indicators. A threshold consideration in defining the scope of the problem is the proportion of the population living in poverty.

The Maryland Population:

According to 1980 Census Information, persons living below poverty level in July, 1980, number 404,532, 9.8% of the population. The poverty rate tends to run highest in Baltimore City - 22.9% in 1980, followed by Garrett County, 15.8% (associated with a high rate of plant closings and job

loss), and Somerset, 15.7% (one of the ten poorest counties in the nation, termed a "Starvation County" by USDA; its winter unemployment rate exceeds the average unemployment rate nationally during the Depression.)

Of the state's poor, 47,375 or 11.7% were age 65 or older, 142,995 or 35.3% were under 18 years of age, and 103,906 or 25.7% were 5-17 years of age. Forty-seven percent of Maryland's poor are therefore elderly or children. Furthermore, based on the Census Bureau's report of August, 1983, the number of Americans living in poverty has increased by 5.1 million since 1980. The Maryland State Planning Department estimates that 65,000 - 75,000 "new poor" have fallen into poverty, an increase of 16.1% - 18.5% in three years.

In Maryland approximately 1 in 10 children received AFDC during 1982. Presently, of the 196,000 people who receive assistance, 70% are children, and the average family consists of a mother and two children. The average length of time on AFDC, according to a recent study, is just over 2 years, with the vast majority of families receiving assistance for the first time. For most of these families, AFDC is the only means of support. In 1983, Maryland ranked 30th nationally in the level of grant payments. The current maximum grant for a family of three is \$313 per month. A family may also receive food stamps and medical assistance. AFDC also provides some financial support for the working poor.

A previous Governor's Commission evaluated the budgetary needs of a welfare family in Maryland in 1977. After comprehensive study, the Commission concluded that to live at a minimally adequate level in Maryland, the monthly grant for an AFDC family of three should be \$507 per month.

Since 1979, the Department of Human Resources has updated this figure to reflect inflation. The 1984 update indicates that \$658 per month for a family of three is needed to provide for minimum needs. The current maximum grant amounts to only 48% of that level.

The problem of insufficient benefits is the common denominator of virtually all public testimony provided. Many households do not have enough money to cover basic expenses. People must choose between meeting food needs and utility obligations. There were 10,000 homes in the Baltimore Gas and Electric's service area in August 1984 who were without utility service due to inability to pay their bills. While food stamps are in theory a "supplement," the assumption is unrealistic - as is the assumption that 30% of the state's public assistance grants are available for food. Low-income people do get more nutrition per food dollar, but also spend upwards of 40% of their income on food.

The recommendations are clear: a) increase GPA and AFDC grants, and b) direct the Department of Human Resources to mail food stamp ATP cards with welfare checks so that rent and utility obligations can be met early in the month without jeopardizing the family's food needs.

The Poor in Crisis:

It was clear from testimony we received, and corroborated by a 1984 University of Michigan study that a very high proportion of the population are suddenly thrust into a crisis situation resulting in a high turnover rate in the needy population. We discovered that the new poor in crisis find it difficult to successfully negotiate the complex bureaucratic maze of services quickly and efficiently. These problems may be further compounded

by administrative red tape and bureaucratic lassitude. The practical result is a population not yet certified for state assistance who must rely on religious and private sponsored emergency food relief, food banks, and other ad hoc privately run programs.

On the other end of the spectrum are the poor who are trying to extricate themselves from adverse circumstances. Any new found employment is generally sufficient to disenfranchise them from a series of income and nutrition benefits creating a series of potential risks and hazards for those attempting to emerge from poverty. The risk for the newly working poor is considerable, and these individuals may be assisted by short term continuation of benefits which in the long run may be more cost efficient.

It is worth considering that a substantial number of citizens find themselves negotiating their way through this cycle. Nearly one-quarter of the U.S. population experienced at least occasional periods of poverty during the course of the decade 1969-1978 according to the previously cited 1984 University of Michigan Survey Research Center Report. The picture of need is largely one of many people in temporary need. A smaller but by no means insignificant number live in households in which poverty is the rule. Individuals with persistently low incomes are disproportionately represented by blacks and other minorities, women, children, the elderly and those living in rural areas.

We have found that the population at risk is diverse and includes: 1) the unemployed, 2) the displaced worker, 3) the single head of household, and her children, 4) the physically abused homemaker, 5) those suddenly separated, 6) the mentally retarded, 7) drug abusers, 8) those experiencing

recent catastrophic illness, 9) other catastrophes, 10) the elderly, 11) the homebound, 12) the migrants, 13) the immigrants, 14) the seasonal workers, 15) the short term poor (one year), 16) the intermediate term poor (1-5 years), and 17) the long term or persistently poor.

In targeting any nutrition program it is important to note that the popular conception of "the poor" as a homogeneous, stable group with a similar set of attributes is simply wrong. The heterogeneity of the population on a national basis, mirrored in Maryland and observed in our public hearings demands a more responsive and tailored programmatic approach to meeting the multifaceted needs of our clients. While the census bureau surveys show fairly constant numbers and characteristics for poor families each year, actual turnover in the poverty population is very high. Nevertheless, approximately two-thirds of the individuals living in families with cash income below the poverty line for a given year were still poor the following year.

There appears to be virtually no demographic attribute that distinguishes people with brief contact with poverty from the rest of society. The implication is that few people are immune to events such as personal illness, adverse national or local economic conditions, or the death or departure of a spouse. These events can precipitate a financial and by extension nutritional crisis over a short term period. On the other hand, the single most powerful characteristic for the persistently poor is race. More than 60% of the persistently poor were black and are therefore more disproportionately represented among the persistently poor than among the poor in a given year (Table 1).

Table 1

U.S. Demographic Characteristics of the One-Year Poor,
Persistently Poor, and Temporarily Poor, 1969-1978

Demographic Characteristics of Household Heads, 1978	Poor in 1978	Persistently Poor (8 or more Years, 1969-78)	Temporarily Poor (1 or 2 Years, 1969-1978)	Entire U.S. Population
<u>All Females</u>	<u>59%</u>	<u>61%</u>	<u>28%</u>	<u>19%</u>
Elderly	13	18	7	5
Nonelderly				
White	22	13	16	10
Black	25	31	6	4
<u>All Males</u>	<u>42</u>	<u>39</u>	<u>73</u>	<u>80</u>
Elderly	10	15	7	8
Nonelderly				
White	21	4	54	65
Black	11	20	11	6
Rural (Town of 10,000 or less)	21	33	19	15
Urban (city of 500,000 or more)	26	21	33	33
Southern U.S.	46	68	30	30
Disabled	31	39	17	11
Black	42	62	19	12
Number of observations	2,247	990	2,041	15,753
Estimated fraction of U.S. population in each group	7.2%	2.2%	13.6%	100.0%

Table reads: "Almost three-fifths (59%) of all individuals poor in 1978 lived in families headed by a woman. Of the entire population in 1978, less than one-fifth (19%) lived in families headed by a woman.

Source: Duncan GJ: Years of Poverty, Years of Plenty. Survey Research Center, Institute for Social Research. The University of Michigan, 1984.

Underserved populations include 1) eligible non-participants in federal food programs, 2) participants receiving inadequate benefits, 3) applicants denied services, 4) food program "drop-outs" since the Omnibus Budget Reconciliation Act of 1981, 5) geographic areas with special problems (e.g. displaced workers in Western Maryland, migrants on the Eastern Shore), poverty groups, 6) homeless, 7) frail and homebound, and 8) populations with increased health problems (the elderly poor, pregnant women, infants, and children).

Federal Cut-Backs and the Poor

According to a September 1983 Census Bureau report of households below the poverty line in 1982, 50.3% received no Federal assistance, 27.7% received no Food Stamps, 46.4% received neither free nor reduced-price lunches, 47.9% lived in private, unsubsidized housing. Further, a 1983 study released by the Congressional Budget Office showed the following effects of spending cuts: 1) The low-income households have lost from three to six times more in benefits than other households, 2) While human resources spending in 1985 will account for 46.3% of Federal expenditures, only 10% of those total Federal expenditures will go to low-income programs, 3) The 10% of federal spending to benefit the poor will absorb 36% of total Federal aid cuts, 4) In 1983, households with incomes under \$10,000 lost average benefits of \$240; households with incomes over \$40,000 lost average benefits only one-sixth as large - \$40, and 5) By 1985, households with incomes under \$10,000 will lose more than twice as much on the average than households with greater incomes.

Clearly the population in poverty is not a homogeneous one. Many cope with harsh environmental circumstances in a satisfactory manner.

nevertheless, a large number of individuals in poverty are unable to meet their needs for food, housing, utilities, transportation and/or clothing.

Indicators of Risk

To more precisely identify specific problems, if any, a series of indicators may be employed to define the problem.

Low birth weight, as an example, may be considered a useful indicator of health and by extension a limited index to the nutritional status of a population. A proportion of low birth weight deliveries may result from conditions associated with poverty, poor weight gain on the part of the mother, inadequate food intake, absent prenatal care operating independently or synergistically to result in a low birth weight infant. Yet it must also be realized that it may occur for a variety of reasons and may be frequently associated with medical conditions which bear no relationship to a harsh social environment.

While the percentage of low birth weight infants born to white women in the U.S. is 6% and mirrored by percentages in 1982 of 6.1% in Baltimore County and 5.5% in Montgomery County, sharp differences exist in other parts of the state. Baltimore City demonstrates low birth weight rates almost twice as high, of 11.0% in 1982. Similar rates are noted over the past five years. A high percentage of low birth weights are also reported in Dorchester, Somerset, Wicomico and Prince Georges Counties in 1982 and consistently so over the past five years. Other subdivisions over the five year period being reported upon are occasionally found in the top five subdivisions with the highest levels of low birth weight. These include Baltimore City, Worcester, Dorchester, Somerset and Talbot Counties (Table 2).

Table 2

State of Maryland
Per Cent of Low Birthweight Infants by County
With Sum and Rank Worst Five and Best Three
Subdivisions

1977-1981

	1977	1978	1979	1980	1981	Five Year Sum of Percents	Average	Rank
STATE TOTAL	7.7	7.8	7.8	8.2	7.7	39.2	7.8	
Baltimore City	12.3	11.6	11.2	12	11.4	58.5	11.7	1
Dorchester	9.9	8.7	9.9	11.4	8.8	48.7	9.7	2
Worcester	12.2	7.7	7.1	9.3	9.5	45.8	9.2	3
Somerset	8	8.9	11.3	8.5	7.5	44.2	8.8	4
Talbot	8.1	7.1	10.8	9.1	7.1	42.2	8.4	5
Montgomery	5.5	5.6	5.9	6.3	5.5	28.8	5.8	22
Howard	5.2	5.5	5.6	5.6	6.1	28	5.6	23
Washington	5.9	5.6	6.4	5.6	4.4	27.9	5.6	24

Prepared by: Maryland Center for Health Statistics July 30, 1984.

Perinatal mortality is another indicator of health status which may be influenced by nutritional status. Again higher levels are reported in Baltimore City compared to Montgomery and Baltimore County. The rates are 27.1 compared to 16.7 and 16.8 respectively. The other counties noted above are similarly ranked with respect to this indicator.

Often employed as an indicator of interest and comparison is the infant mortality rate. The computation of five year average infant mortality rates in the subdivisions within the state demonstrate sharp differences. The five year 1977-81 average indicates a more than two-fold difference in the mortality between lowest and highest counties in the

state, Howard and Dorchester with rates of 8.1 and 20.8/1000 live births respectively (Table 3).

Table 3

STATE OF MARYLAND
COMPUTATION OF FIVE YEAR AVERAGE INFANT MORTALITY RATES
WORST FIVE AND BEST THREE SUBDIVISIONS

1977-1981

	Infant Mortality					Sum	Five Year Average	Rank
	1981	1980	1979	1978	1977			
STATE TOTAL	12.8	14.1	14.6	14.4	14.4	70.3	14.1	
Dorchester	15.5	26.5	31.2	13.2	17.7	104.1	20.8	1
Baltimore City	17	18.4	21.2	22.2	20.7	99.5	19.9	2
Garrett	21.8	14.7	16.9	23	21.4	97.8	19.6	3
Wicomico	16.9	21.6	16.8	15.1	15.8	86.2	17.2	4
Prince George	13.8	17.3	15.7	15.4	14.4	76.6	15.3	5
Baltimore County	10.6	9.6	10.7	10.8	12.1	53.8	10.8	22
Queen Anne	8.1	5.7	15.5	6.5	16.8	52.6	10.5	23
Howard	7.4	9.4	7.1	9.2	7.4	40.5	8.1	24

Prepared by: Maryland Center for Health Statistics, July 30, 1984

Additional indicators of potential risk are the proportion of mothers less than 18 years of age as well as the proportion of the female population on medical assistance between the ages of 13-44 years of age. Once again sharp differences are noted within the state. In the former category of mothers less than 18 years of age 11.5% are found in Baltimore City compared to 2.1 and 2.6 in Montgomery and Baltimore Counties. Further 32.8% of women are on medical assistance in Baltimore City compared to 3.5% and 4.3% in Montgomery and Baltimore Counties. An aggregate analysis of the above two indices along with perinatal, postneonatal, low birth weight and birth rate were used to develop a formula of need to be used for the federally

supported Improved Pregnancy Outcome Program. The rankings are provided in Table 4.

As useful as these indicators are, they do not adequately measure the level of hunger and nutrient deficiency in the community. A relationship may exist but the nature and strength of the association cannot be quantified.

Nutrition Indicators

In the areas of direct measures of nutritional status, it has been possible to link together several indicators to provide limited data by which to draw some preliminary inferences. Utilizing data principally derived from the lead screening program in the state, one can get an incomplete measure of the number of self selected children from families utilizing public health services who evidence iron deficiency anemia. In black children 12-17 months of age 136 (10%) of 1381 children screened evidence values consistent with iron deficiency anemia while an additional 20% evidence suspicious or borderline values. Similar values are noted in the 19,851 white children screened over the 18 month period through 1982. In the 18-23 month category, 14% of blacks and 11% of white children demonstrate anemia, while an additional 17% and 20% respectively fall into the suspicious category. In subsequent years through age 5 the levels drop to approximately 3% for both black and white children with anemia and a sharp reduction in the suspicious category. (Table 5)

Table 4

STATE OF MARYLAND
RECALCULATION OF IMPROVED PREGNANCY OUTCOME INDICATORS OF NEED FOR 1981

	PROPORTION OF FEMALE POPULATION AGED 13-44 ON MEDICAL ASSISTANCE (1981)	MORTALITY RATES 5 YEAR AVERAGE (1977-1981)	PROPORTION OF BIRTH BELOW 2500 GRAMS (1981)	PROPORTION OF MOTHERS UNDER THE AGE OF 18 (1981)	BIRTH RATE (1981)	FORMULA RESULT	RANK
STATE TOTAL	.108	19.6	.077	.058	14.5		
PERINATAL NEONATAL							
NORTHWEST AREA	.07	17.3	.058	.059	13.8	.212	4
GARRETT	.098	23.5	.095	.068	15.1	1.46	3
ALLEGANY	.105	20.9	.059	.07	12.5	.351	11
WASHINGTON	.071	17	.044	.06	12.2	.144	18
FREDERICK	.044	13.8	.059	.051	15.9	.102	20
BALTIMORE METRO	.149	19.9	.083	.067	14.4	.95	1
BALTIMORE CITY	.328	25.9	.114	.114	16.1	10.309	1
BALTIMORE COUNTY	.053	16.2	.064	.029	12.2	.049	22
ANNE ARUNDEL	.067	15.9	.057	.044	14.8	.127	19
CARROLL	.039	18.2	.064	.037	14.1	.059	21
HARVARD	.029	11.7	.061	.022	14.1	.013	24
HANFORD	.074	15.5	.07	.047	14.3	.2	16
NATIONAL CAPITAL	.056	19.7	.071	.037	14.7	.136	5
MONTGOMERY	.039	16.1	.055	.023	13	.025	23
PRINCE GEORGE	.068	22.2	.082	.047	16.2	.358	10
SOUTHERN AREA	.09	19.4	.069	.054	16.6	.324	3
CALVERT	.107	18.4	.074	.058	15.3	.233	14
CHARLES	.088	19.3	.07	.061	15.8	.435	8
ST MARYS	.082	20	.065	.044	18.3	.232	15
EASTERN SHORE AREA	.106	18.9	.081	.082	13.7	.729	2
CECIL	.098	15.2	.078	.069	14.1	.565	7
KENT	.092	17.7	.045	.054	11.9	.254	12
QUEEN ANNE	.084	21.6	.078	.067	13.9	.25	13
CAROLINE	.116	17.4	.09	.058	14.7	.635	6
TALBOT	.08	19.9	.071	.077	13.6	.166	17
DORCHESTER	.141	27.7	.088	.124	12.8	3.273	2
WICOMICO	.114	20.4	.087	.079	14.6	1.05	5
SOMERSET	.152	18.9	.075	.141	13.4	1.181	4
WORCESTER	.09	12.9	.095	.09	12.7	.378	9

Prepared By: Maryland Center for Health Statistics
July 3, 1984

Table 5

Maryland Lead Screening Program:
 Infants & Children by Age and Race
 With Identified or Suspicious Cases of Anemia

	<u>Anemia</u>		<u>Suspicious</u>		<u>Total</u>	
	<u>Black</u>	<u>White</u>	<u>Black</u>	<u>White</u>	<u>Black</u>	<u>White</u>
1 - 12 mos	71 (10%)	203 (10%)	270 (60%)	443 (22%)	1381	1951
13 -18 mos	72 (14%)	60 (11%)	90 (17%)	105 (20%)	529	526
24 - 35 mos	27 (4%)	60 (3%)	100 (8%)	171 (10%)	1248	1710
36 - 47 mos	20 (3%)	30 (3%)	21 (3%)	60 (6%)	743	1072

Source: State of Maryland Lead Screening Program, 1983.

A recent report of nutritional indicators of WIC participants studied in Washington County provides additional albeit limited information on the self-selected population being served by WIC in that county at the end of the first year of operation in 1982. These results indicate approximately 25% of all children and pregnant women certified had hematocrits of less than 33%. Twenty-five percent of all pregnant women were less than 18 years of age at the time of conception. Twelve percent of all pregnant women presented with a documented history of poor pregnancy outcome. More than 1/3 of all pregnant women were considered to have inappropriately high or low prepregnancy weights, and approximately 20% of all children were below the 10th percentile (NCHS growth chart) in height for age.

Inappropriate eating patterns were obtained from a majority of the participants e.g. 20% of all pregnant women reported dietary patterns which were deficient in at least one food group on the day of the 24-hour recall. Two-thirds of the children had less than the recommended amounts of protein. Seventy-three percent had no foods containing vitamin C and 89% had no foods containing vitamin A.

An 1983 report on 387,631 children seen by health department clinics provide incomplete information on hematocrit, height and weight screening. In this self-selected undefined population it may be noted that 8.9% of screened children in Baltimore City have a positive or suspect finding for anemia. Other counties that exceed the state average of 4.7% are Queen Annes 9.9%, Saint Marys and Somerset with over 6% of young children. The proportion of children with a positive or suspect weight and height are included. (Table 6)

Emergency Food Services

A more direct indicator of need is the proliferation of emergency food centers responding to a reported increase in demand. Information provided by the Department of Social Services, Emergency Services Unit reports in FY 84, 26,760 households in the City were being provided with emergency food services. The number served has grown dramatically over the past decade. (Table 7)

Table 6

STATE OF MARYLAND
HEMATOCRIT, HEIGHT, AND WEIGHT SCREENING RESULTS
FOR CHILDREN SEEN BY HEALTH DEPARTMENT CLINICS
CALENDAR 1983

	1981 POPULATION ESTIMATE UNDER AGE FIVE AND BELOW POVERTY	HEMATOCRIT SCREENINGS			HEIGHT SCREENINGS			WEIGHT SCREENINGS			
		TOTAL COMPLETED	POSITIVE/ OR SUSPECT	PER CENT RANK	TOTAL COMPLETED	POSITIVE/ OR SUSPECT	PER CENT RANK	TOTAL COMPLETED	POSITIVE/ OR SUSPECT	PER CENT RANK	
MARYLAND	38631	43432	2038	4.7	43433	11443	2.6	43433	9192	21.2	10
BALTIMORE CITY	16325	5501	490	8.9	5501	214	3.9	5501	1079	19.6	
TOTAL COUNTIES	22306	37931	1548	4.1	37932	929	2.4	37932	8113	21.4	
ALLEGANY	747	749	11	1.5	749	2	.3	749	113	15.1	12
ANNE ARUNDEL	2275	7453	248	3.3	7453	60	.8	7453	409	5.5	19
BALTIMORE COUNTY	2910	562	42	7.5	562	21	3.7	562	127	22.6	9
CALVERT	402	902	28	3.1	902	0	0	902	68	7.5	16
CAROLINE	301	1086	141	13	1086	24	2.2	1086	280	25.8	7
CARROLL	504	1507	73	4.8	1507	83	5.5	1507	216	14.3	14
CECIL	602	1925	36	1.9	1925	48	2.5	1925	35	1.8	20
CHARLES	778	599	23	3.8	599	38	6.3	599	190	31.7	3
DORCHESTER	384	6	0	0	6	0	0	6	0	0	23
DORCHESTER	384	6	0	0	6	0	0	6	0	0	23
FREDERICK	866	663	40	6	663	10	1.5	663	48	7.2	17
FREDERICK	866	663	40	6	663	10	1.5	663	48	7.2	17
GARRETT	441	324	7	2.2	324	2	.6	324	4	1.2	21
GARRETT	441	324	7	2.2	324	2	.6	324	4	1.2	21
HARFORD	1033	478	24	5	478	36	7.5	478	138	28.9	6
HARFORD	1033	478	24	5	478	36	7.5	478	138	28.9	6
HOWARD	434	128	6	4.7	128	4	3.1	128	9	7	18
HOWARD	434	128	6	4.7	128	4	3.1	128	9	7	18
KENT	178	716	30	4.2	716	33	4.6	716	258	36	1
KENT	178	716	30	4.2	716	33	4.6	716	258	36	1
MONTGOMERY	2219	623	35	5.6	623	27	4.3	623	147	23.6	8
MONTGOMERY	2219	623	35	5.6	623	27	4.3	623	147	23.6	8
PRINCE GEORGE'S	4491	16080	613	3.8	16081	431	2.7	16081	5414	33.7	2
PRINCE GEORGE'S	4491	16080	613	3.8	16081	431	2.7	16081	5414	33.7	2
QUEEN ANNE'S	235	121	12	9.9	121	7	5.8	121	38	31.4	4
QUEEN ANNE'S	235	121	12	9.9	121	7	5.8	121	38	31.4	4
SALTIMORE	902	255	16	6.3	255	1	.4	255	78	30.6	5
SALTIMORE	902	255	16	6.3	255	1	.4	255	78	30.6	5
SOMERS-SET	279	76	5	6.6	76	0	0	76	0	0	23
SOMERS-SET	279	76	5	6.6	76	0	0	76	0	0	23
TALBOT	236	4	0	0	4	0	0	4	0	0	23
TALBOT	236	4	0	0	4	0	0	4	0	0	23
WASHINGTON	998	889	29	3.3	889	56	6.3	889	164	18.4	11
WASHINGTON	998	889	29	3.3	889	56	6.3	889	164	18.4	11
WICOMICO	741	2149	102	4.7	2149	11	5.5	2149	319	14.8	13
WICOMICO	741	2149	102	4.7	2149	11	5.5	2149	319	14.8	13
WORCESTER	350	636	27	4.2	636	35	5.5	636	58	9.1	15
WORCESTER	350	636	27	4.2	636	35	5.5	636	58	9.1	15

PREPARED BY: MARYLAND CENTER FOR HEALTH STATISTICS
JULY 13, 1984

Table 7

Emergency Food Services Provided to Household
and Individuals in Baltimore City Through
The Department of Social Services by Year

Food Services	<u>FY 80</u>	<u>FY 81</u>	<u>FY 82</u>	<u>FY 83</u>	<u>FY 84*</u>
Households	14,139	17,574	19,357	22,554	26,760
Individuals Benefitting	33,405	40,797	43,962	48,599	57,456

*Estimate made for May and June's Food Service tally.

Source: Emergency Services Unit, Baltimore City Department of Social Services, 1500 Greenmount Avenue, Baltimore, Maryland 21202

The report notes that this increase has been largely due to the tightening of federal Food Stamp regulations, high unemployment particularly among young, single adults and the inadequate Public Assistance grant to meet additional monthly food needs thus causing food stamps to become a supplemental food source. Nearly half of the households served are single adults or childless couples. The monetary and food resources provided to this group have been insufficient to meet their needs.

Complementing the work of the public agencies is the private sector. An example is the Franciscan Center, a private non-profit social services agency, located in mid-town Baltimore. Their mission is to meet the emergency needs of those people who have no other resource to which they can turn. Total clients served in their hot lunch program operating an average of 19 days per month is over 6,000. A profile of meals served from January 1982 through May 1984 is presented in Table 8.

Table 8

Franciscan Center Lunch Program
1982-83 Annual Comparison

	1982			1983			1984		
	Jan.	July	Total	Jan.	July	Total	Jan.	March	May
Total Days Open	18	20	203	20	19	211	21	21	20
Total Clients	4447	5785	57,500	5453	6009	65,254	6722	7333	7542
Maximum/day	310	416		368	461		445	419	451
Minimum/day	90	188		165	220		175	260	303
Daily Average	234	289	273	273	316	312	320	333	377

Source: Franciscan Center Public Testimony, June 1984.

The above example is replicated by a number of private programs throughout the city. As one example the emerging food programs of Associated Catholic Charities' Our Daily Bread reports serving over 450 lunches daily and is noted to be only one of the many programs serving capacity crowds. Paul's Place, a small church sponsored emergency lunch program, reports serving 250 hungry people per day. This is an increase from 35 to 40 people per day in 1982. Further, as noted for all centers, there has been an increase in the number of women, children and intact families which seek emergency food relief on a daily basis. The documented activities in the city are only a microcosm of what has been reported to us as occurring throughout the state.

In addition, an extensive Food Bank program is operating in Baltimore and throughout Maryland. Over 500,000 pounds of food per month is distributed through a network of food pantries, soup kitchens, halfway houses, and other non-profit organizations which distributes food to the needy within the state. A steady supply of food is received from the parent

organization, Second Harvest, and through donated surplus foods from large food outlets and a variety of other vendors. The number of people being served by the Food Bank has escalated dramatically over the past several years. An infrastructure of outlets throughout the state, a sophisticated transportation system and volunteers keep the program operating.

As indicated, the number of soup kitchens has proliferated over the past several years. A study conducted by the University of Maryland in May and June 1983 was undertaken to define those using Emergency Food Kitchens. The study consisted of interviews with 271 cases (10% sample) conducted in 17 of the 27 existing soup kitchens in Baltimore City. The majority of the interviews took place in three centers within Baltimore City: 1) The Franciscan Center (99), 2) Our Daily Bread (77), and 3) East Baltimore Women's League (21). The report indicates that the users were "rooted" in poverty and not wanderers. A corollary need in addition to food was for additional support services in relation to housing. While 88% were at the time of interview unemployed, 80% were receiving income from government programs which included G.P.A. (19%), SSI (17%) and food stamps (25%). Seventy-four percent had a regular address and 26% lived alone. Ten percent were on medication for emotional problems while 28% reported being on medication for physical illness.

Clearly, public agencies are often unprepared to deal with crisis situations. Low income families cannot survive a crisis or unexpected expense - late food stamps, unusual and unexpected medical bills, high utility bills. There is a need to improve emergency assistance procedures, especially for clients waiting for benefits. An important recommendation is

the provision of an emergency food voucher system to serve low-income families. Minimum verification should be required for short term emergency assistance.

GENERAL RECOMMENDATIONS

1. Establish an Office of Nutrition.

Currently four agencies are involved in administering food and Nutrition Programs: Department of Human Resources, Department of Health & Mental Hygiene, Department of Education, and Office of Aging. The four agencies are responsible for administering more than 300 million dollars in federal, state and locally funded nutrition programs. There is no coordination and policy integration.

Economies realized by a coordinated approach, coupled with attracting additional federal funds into the state by increasing enrollment in entitlement programs will more than offset the administrative overhead of a new Office of Nutrition. The Office will both, 1) better meet the needs of the poor and hungry citizens of Maryland, and 2) operate a more administratively coherent Nutrition Program, capable of attracting maximum federal support while coordinating efforts with the private sector.

2. Establish a State Advisory Council on Food and Nutrition Policy.

The Council will be the Advisory body to the Office of Nutrition. It will be composed of the responsible directors of each office administering food programs along with qualified professionals outside of the state administration, advocates, consumers, and

other representatives as may be determined to be of assistance in carrying out the work of the Office and the Council.

3. Develop and implement a statewide nutrition surveillance system.

A nutrition surveillance system within the state will serve to monitor the nutritional status of the population and serve to guide fiscal and programmatic administrative decisions as required. It will be administered through the State Office of Nutrition. The system will initially utilize available data from WIC, EPSDT, nutrition programs for the elderly, and the Food Stamp program. A composite index of the nutritional status of Marylanders will be established to monitor changes over time. It will require no new funds while providing maximum impact on the planning and targeting of limited federal and state resources to populations at greatest nutritional risk.

4. Increase the Basic Welfare Grant.

Nutritional problems are directly and indirectly linked to poverty. The basic welfare grant level must be increased. Maryland ranks thirtieth in the Nation in the amount of its welfare payments. The current maximum state grant plus maximum food stamp benefits amount to only 69% of the Maryland Department of Human Resources recommended level.

5. Provide additional state subsidies for the School Lunch Program.

The relatively high proportion of eligible children not participating in the reduced price school lunch program can be directly attributed to the increase in the cost of a reduced price

lunch from 10¢ to 40¢. When the cost to the child was 10¢, participation levels were at 85%, commensurate with participation in the free lunch program. In order to reestablish the previously higher levels of participation in the reduced price school lunch program, this Task Force recommends that the State of Maryland reinstate the earlier 10¢/meal charge and subsidize the 30¢ difference until such time as the guidelines are changed on the federal level. The cost to the state of absorbing this differential would amount to \$1.9M per school year.

6. Maintain food program eligibility for a period of time following reemployment and loss of program eligibility.

Recipients attempting to reenter the work force may be precipitously dropped from food and health programs. This may serve as a disincentive, or unfair penalty directed at the very individuals attempting to extricate themselves from federal and state dependency.

Some of the most compelling testimony presented at the public hearings of this Task Force was that of former recipients of nutrition and supplemental income programs. Time and again they reported that after finally finding employment, they were immediately stripped of all benefits. The lag time between the cessation of benefits and the arrival of the first paycheck often forced severe hardships on families. Purchases delayed because of the temporary lack of income and purchases required for the new job add more pressure. Clothing, transportation, and childcare

expenses are further aggravated if the first paycheck is held, as is often the case.

7. Adopt a federally funded Commodity Supplemental Food Program.

The program will serve as an adjunct to the current state WIC program. It may serve to provide food to WIC eligible clients currently on waiting lists due to lack of funds and may also serve to bridge the gap of unmet need in the state.

It will represent an infusion of new and previously unutilized federal commodities and funds. In addition program regulation provides for administrative funds which will support, in part or whole, the additional cost of operating the program.

8. Simplify client application procedures, increase agency efficiency and effectiveness, and improve interagency cooperation and referral.

The application procedure is cumbersome, lengthy and redundant. Many agencies request the same basic information to evaluate an application. Information between agencies may not be exchanged. Referrals for multiple services and benefits should be encouraged. Training to optimize worker sensitivity to clients should be encouraged.

9. Require agencies to submit an annual plan designed to identify the population at nutritional risk, the proportion being served and plans for providing services to the unserved.

10. Establish a state clearinghouse in the Office of Nutrition to assure that all nutrition educational materials, curricula, media messages and public information programs on nutrition be consistent and

compatible with health promotion and disease prevention goals. In addition, systematize new and existing consumer education activities of multiagencies to maximize all food assistance programs for more efficient use of resources.

11. Bring the food stamp program into compliance. Common failures include failure to inform client of rights, failure to deliver expedited or regular food stamps within federal time guidelines, incorrect information given, regulations not fully explained, failure to adequately advise client of changes in benefits or services. Agency should be directed to examine caseload, and worker training to address this problem.
12. Office of Nutrition to review agency's plan for providing food stamps to those with no fixed address.
13. Develop a pilot program within the Office Aging to address the critical needs of the homebound elderly. The goal of the pilot program is to be an increase in the participation rate in those underserved areas. Following development of a successful pilot project, the Office should examine the feasibility of implementing the program in other parts of the State.
14. Increase percent of frail home-bound elderly reached by home delivered meals through increased dollars targeted to elderly poor.
15. Increase access to commodities distribution programs. While not a substitute for benefit programs, like Food Stamps, maximum participation should be encouraged. The public should be informed of the time and location of distribution sites. Verification procedures should be minimized to encourage and expedite participation.

THE FOOD STAMP PROGRAM

I. PROGRAM DESCRIPTION

The Food Stamp Program is a Federal program intended to help low-income people obtain adequate nutrition. Food stamp coupons are issued to participating households, with a household defined as all the people who buy and prepare food together. Stamps can be used to purchase food items only. They cannot be used to purchase paper products, soap, or other household necessities, pet food, tobacco, or alcoholic beverages. Household income and size, and other non-financial criteria such as citizenship, age, residency, student status, relationships affecting household composition, (e.g. spouse, siblings, aging parent), and work registration and job search are factors used to determine eligibility and the amount of benefits. Households must pass a double means-test, having a gross income below 130% of poverty level (\$13,260/year for a family of 4), and net income below poverty level (\$10,200/year for a family of four).

FOOD STAMP

Gross Monthly Income Eligibility Standards (130% of Poverty Level)

<u>Household size</u>	<u>48 States</u>	<u>Alaska</u>	<u>Hawaii</u>
1.	540	676	621
2.	728	912	838
3.	917	1,147	1,055
4.	1,105	1,382	1,271
5.	1,294	1,617	1,488
6.	1,482	1,852	1,705
7.	1,671	2,087	1,921
8.	1,859	2,322	2,138
Each additional member	+ 189	+ 236	+ 217

Net Monthly Income Eligibility Standards
(100% of Poverty Level)

<u>Household size</u>	48		
	<u>States</u>	<u>Alaska</u>	<u>Hawaii</u>
1.	415	520	478
2.	560	701	645
3.	705	882	811
4.	850	1,063	978
5.	995	1,244	1,145
6.	1,140	1,425	1,311
7.	1,285	1,605	1,478
8.	1,430	1,786	1,645
Each additional member	+ 145	+ 181	+ 167

Elderly Disabled
(165% of Poverty Level)

<u>Household size</u>	48		
	<u>States</u>	<u>Alaska</u>	<u>Hawaii</u>
1.	685	858	788
2.	924	1,157	1,063
3.	1,164	1,455	1,338
4.	1,403	1,754	1,613
5.	1,642	2,052	1,888
6.	1,881	2,350	2,163
7.	2,121	2,649	2,438
8.	2,360	2,947	2,713
Each additional member	+ 240	+ 299	+ 275

Source: Income Guidelines for Food Stamps, CNI 6/7/84

In Maryland, the program is administered by Local Departments of Social Services under the Income Maintenance Administration (IMA) of the Department of Human Resources. The U.S. Department of Agriculture pays the total cost of the coupons themselves, approximately \$14 million/month in Maryland, and approximately 50% of the administrative costs, about \$250,000/month in Maryland. Administrative costs therefore run about 1.7% of total program costs. Regulations are written by USDA, sometimes with, and sometimes

without, Congressional mandate. The State Manual - well over 200 pages in length - under which Local Departments of Social Services administer the program, is based on these Federal regulations.

II. WHO USES FOOD STAMPS?

In Maryland, current participation (May, 1984, the latest month for which statistics are available), was as follows:

Public Assistance Food Stamps: 61,770 Households, 156,494 Individuals

Non-Public Assistance Food Stamps: 60,037 Households, 142,774
Individuals (Figure I)

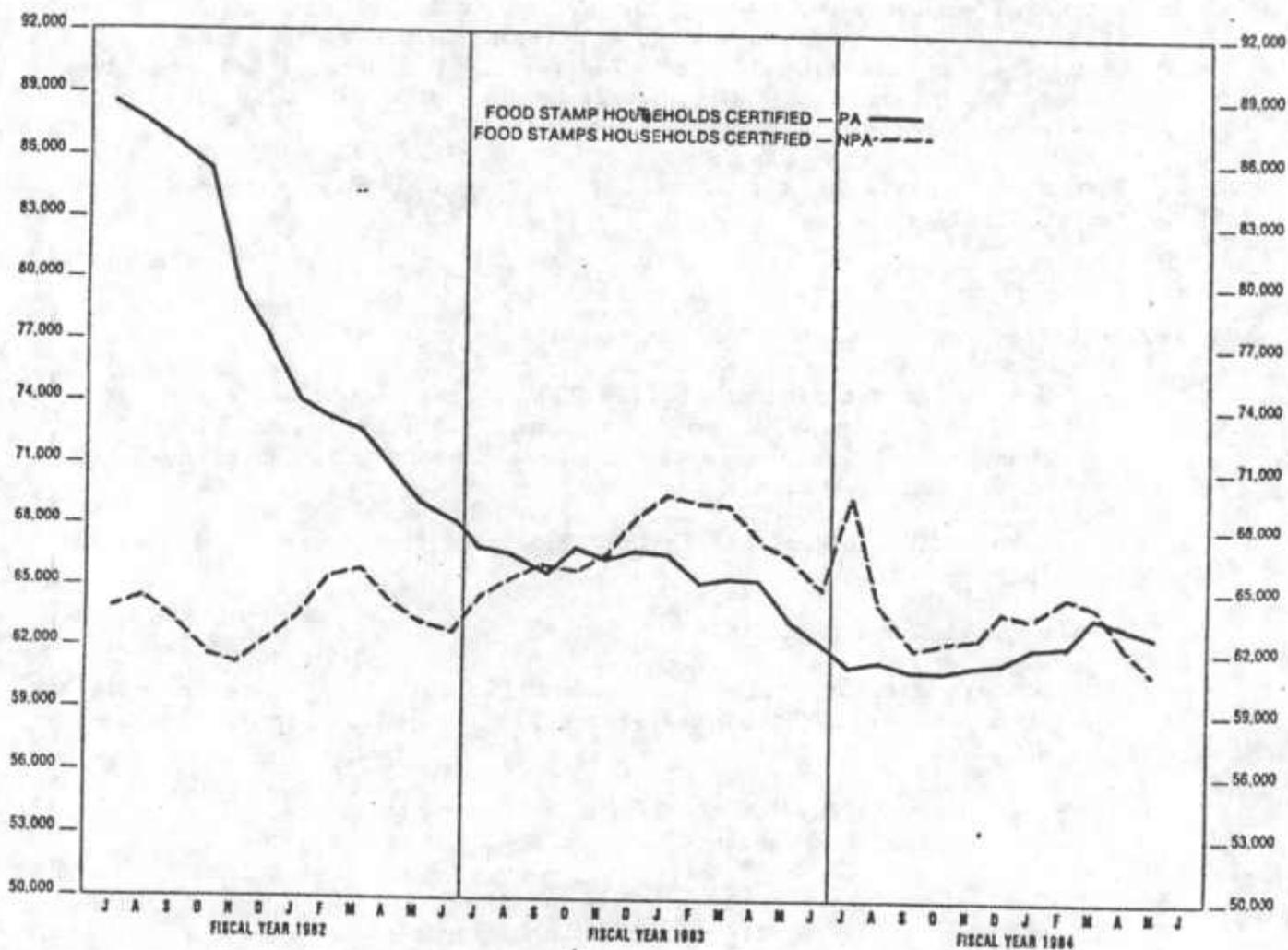
USDA's Food and Nutrition Services recently released a Characteristics Study of Food Stamp Households. The survey population is the caseload prior to implementation of legislative changes severely restricting participation, especially among the working poor. Applying the national percentages to Maryland's May, 1984 caseload, gives us the following picture:

85,265 female-headed household, 70% of the caseload
140,656 children, 47% of the caseload
59,854 elderly, 20% of the caseload
239,414 recipients, 80% had no earned income
20,949 recipients, 7% had no income of any kind
119,707 Recipients, 40% also received AFDC
59,854 Recipients, 20% also received SSI or Social Security
\$115 is the average monthly allotment per household
52¢ is the average allotment per person per meal, an increase of
only 4¢ per meal in 3 years, since March, 1981.

Another recently released USDA Study (FRAC Foodlines, July 1984) notes that the FS population has become younger, poorer, and even more dominated by female-headed households. The percentage of recipient households with incomes less than half of the poverty line increased from 33% in 1980 to 36% in 1981 to 42% in 1982.

Figure 1

Food Stamps Households Certified, January 1982 - May 1984



Source: Department of Human Resources, IMA Monthly Statistical Report, June 1984.

III. EFFECTIVENESS OF THE FOOD STAMP PROGRAM

When the Food Stamp Act was being revised in 1977, Congress also revised the purpose of the program to place greater emphasis on the anti-hunger purpose and to downgrade the disposition of surpluses as a program goal. Moreover, since 1969 both the public and private sectors placed increased emphasis on ending hunger and malnutrition in the United States. Studies done in the 70's documented the success of the Food Stamp Program along with other Federal food programs. The studies showed improvements in the nutritional status of many low-income families in America.

Source: (Profile of the Federal Food Programs, Food Research Action Center, 1982)

HIGHLIGHTS OF STUDIES

1965 + 1977: The Nationwide Food Consumption Surveys (NFCS)

- Households with incomes of \$10,000 or less showed increased intake of iron, vitamins A and C, thiamin, riboflavin, and niacin; and these households showed the greatest dietary improvement over time of all income groups.
- Iron intakes of infants in 1977 were more than twice the intakes of 1965.

1977: The Field Foundation Study

- Doctors attributed the improvements in nutrition since their 1967 study to Federal food assistance programs, including Food Stamps, WIC, and School Meals.

1973 - 1974: Diary Surveys of the Bureau of Labor Statistics/ Consumer Expenditure Survey:

- Food Stamp shoppers spent 2.7% of their food dollars on sweets, compared to 3% for the non-Food Stamp shoppers.
- Food Stamp shoppers spent .6% of their food dollars on snacks (chips, nuts and pretzels) compared 1.5% - more than double - for non-Food Stamp shoppers.
- Food Stamp shoppers spent 12.2% on beef and veal, the more expensive cuts of meat, compared to 15.4% for non-Food Stamp shoppers; and 17.2% compared to 13.5% on pork and poultry, cheaper cuts of meat.

1979: HHS Survey of Income and Program Participation:

- The FSP keeps families from falling below 50% of the poverty level and lifts 72% out of extreme poverty.

1983: University of Minnesota Study, Reported by the Community Nutrition Institute 10/31/83:

- The FSP keeps a family's diet stable when a household experiences a sudden loss of income.
- Families remain on food stamps for relatively short periods of time.
- Food expenditures do not increase above pre-program levels for households that join the program.

1983: USDA Analysis of 1977-78 Nationwide Food Consumption Survey (Reported CNI 7/7/83):

- Food Stamp and other low-income households receive more nutrients per food dollar than higher income families.
- The greater nutrient share appears to be associated with the use of more milk, eggs, legumes, and grain products, and of less meat, poultry, fish, and alcoholic beverages.

IV. THE EFFECT OF THE FSP ON THE ECONOMY

The FSP has been a frequent target for funding cuts, when labeled as a welfare program that "drains" the economy. This point of view fails to recognize the many positive secondary effects on the local economy: for instance, every FS dollar coming into Maryland has a "multiplier effect" on sectors of economy in some way involved in the production and marketing of food goods and services.

According to the Food and Research Action Center (FRAC), Food Stamps have often been called "grass-roots revenue-sharing." Because eligibility for stamps is tied to income, benefits from the program flow directly into communities with high unemployment, low income, and large numbers of poor people. The dollars are put directly into the hands of needy people who in turn spend those food stamps in (local) grocery stores.

On top of the direct effect of increasing food purchases, the program has an indirect "ripple effect" because grocers hire more people, who then have spending money to buy more clothes or pay other bills; those retailers then hire more people, who in turn spend their money, and so on.

In USDA reports to Congress in 1975 and 1979, the following formulas were used to demonstrate the positive impact of the FSP on local economics:

- Each Food Stamp dollar generates \$3.64 in new business in the local community.
- Each \$12,700 in coupons brought into the state generates a job.

Applying these formulas to Maryland's influx of Federal Food Stamp dollars, about \$14 million/month, or \$168 million/year, we see that:

- \$611,520,000/year is generated in the local economy.
- 13,228 jobs/year are created.

Such figures are truly impressive, as compared to the Maryland State Budget of \$6.8 billion in FY 1984 or to the estimated Gross State Product for calendar year 1983 of \$56.918 billion: approximately 1.7% of the Maryland economy is generated by the influx of federal food stamp dollars into the state. Were an adjustment for inflation to be made to these formulas, we would expect the "ripple effect" to be even greater.

Other secondary economic benefits include:

- ° The FSP's positive effect on nutritional status means a healthier low-income population, therefore lower health-care costs
- ° Savings of taxpayer dollars: job creation eases the state's burden of unemployment benefits and other supports for the unemployed
- ° Increase in dollars circulated creates a larger tax base for generating local, state & federal revenues

V. COSTS OF UNDERPARTICIPATION

If we then look at tightened eligibility and reduced benefit levels since 1980, and the many barriers to participation, we can see the

considerable dollar loss to the State. In the 1st month of OBRA 1981* alone, the 3.7% drop in caseload meant a loss to Maryland, for one month alone of:

\$364,260 in coupon value and \$2,185,560 in locally-generated dollars.

The participation rate continued to drop from a high of 140,000 households in the last pre-OBRA month (September 1981) to a low of 125,660 households in July 1982. At that time the rate began to climb slowly, in spite of the fact that MD's unemployment rate peaked during those months. The FS rate peaked again in March, 1983 at 129,423 households, and a year later stood at 122,193 households, 15.2% below the last pre-OBRA month (September 1981). Maryland unemployment figures for those months were 7% (9/81) and 5.6% (3/84).

What these last figures do not reflect are the large number of unemployed individuals whose benefits have expired - the long term unemployed, as well as "discouraged workers", both of whom are not included in current official reports. According to the Center on Budget and Policy Priorities, only 49% of the unemployed have received benefits during the long recession, compared to 75% during previous lengthy downturns. In the summer of 1984, only 29% of the jobless received benefits. The charts below summarize FS participation figures in MD through May, 1984.

Charts A and B summarize cases closed, denied, or reduced and the impact on Food Stamp benefits and households due to OBRA '81.

* The Omnibus Budget Reconciliation Act of 1981, which provided for tightened Food Stamp eligibility, was implemented October 1, 1981.

FOOD STAMP PARTICIPATION RATES

<u>Dates</u>	<u>Households</u>	<u>Individuals</u>	<u>Dollars spent</u>
1/81	146,538	351,220	\$15,101,990
2/81	148,095	354,019	\$15,293,937
3/81	149,021	356,132	\$15,422,607
4/81	147,347	349,943	\$15,048,414
5/81	145,544	345,322	\$14,774,259
6/81	not available		
7/81	145,828	343,843	\$14,587,225
8/81	145,858	344,935	\$14,535,513
9/81	144,159	340,649	\$14,416,938
10/81	140,159	338,512	\$14,104,559
11/81	134,927	326,087	\$13,104,559
12/81	134,081	328,512	\$13,714,191
1/82	131,850	326,900	\$13,576,359
2/82	133,172	324,264	\$14,052,393
3/82	133,041	326,271	\$13,965,850
4/82	129,823	320,642	\$13,551,884
5/82	127,534	314,368	\$14,167,628
6/82	126,160	311,415	\$13,063,018
7/82	125,660	310,674	\$13,226,946
8/82	126,150	312,156	\$13,344,736
9/82	125,762	312,035	\$13,377,206
10/82	126,784	325,413	\$15,014,309
11/82	127,317	321,261	\$15,034,140
12/82	129,937	324,829	\$15,351,438
1/83	129,934	325,273	\$15,318,110
2/83	128,025	323,265	\$15,161,680
3/83	129,423	327,919	\$15,392,957
4/83	128,582	323,436	\$15,010,976
5/83	124,723	319,134	\$14,650,031
6/83	123,393	312,583	\$14,505,589
9/83	118,172	299,436	\$13,752,984
10/83	118,428	299,402	\$14,081,260
11/83	119,009	302,242	\$14,202,455
12/83	121,276	303,988	\$13,812,069
1/84	120,654	304,527	\$14,173,383
2/84	121,747	307,299	\$14,433,973
3/84	122,193	309,144	\$13,946,456
4/84	120,639	304,231	\$14,213,229
5/84	121,807	299,268	\$13,478,009

Source: DHR Monthly Statistical Reports.

A February 1982 analysis by DHR of Federal budget reductions estimated program dollar reduction just for FY 83:

Chart A

ESTIMATED IMPACT ON PUBLIC ASSISTANCE (PA) AND NON PUBLIC ASSISTANCE (NPA) FOOD STAMP HOUSEHOLDS - CLOSED, REDUCED, OR INCREASED BENEFITS FY '82

Policy Impact	Low Estimates		High Estimates	
	Closed, Denied	Reduced	Closed, Denied	Reduced
Earnings Disregards	---	6,288	---	9,482
	---	7,808	---	11,590
Prorating Initial Benefits	---	4,452	---	5,287
	---	7,812	---	9,277
Strikers*	104	---	292	---
	76	---	212	---
Definition of Household*	5,075	15,225	10,150	10,150
	3,675	11,025	7,350	7,350
Restricted Gross	185	---	245	---
Income Eligibility	787	---	1,047	---
Total closed or reduced	5,364	25,965	10,687	24,919
benefit households	4,538	26,645	8,609	28,217
Effects of AFDC policy changes	6,097	3,023	6,097	3,023
on Food Stamp Households	(5,487)	---	(4,573)	---
Net Change: Households with Lost,	11,461	28,988	16,784	27,942
Reduced, or Increased Benefits	(949)	26,645	4,036	28,217

*Estimates of distribution of PA to NPA based on current proportion to caseload (PA = 58%)
 Source: 1/29/82 Report DHR. Office of Program Support.

Chart B

IMPACT OF FEDERAL POLICY CHANGES ON FOOD STAMP BENEFITS AND HOUSEHOLDS - FY '82

Policy Impact	Low Estimates		High Estimates	
	Dollars	Households	Dollars	Households
1. Lost or Reduced Benefits				
a. Earnings Disregard	\$ 236,808	14,096	\$ 354,012	21,072
b. Prorating Initial Benefits	5,684,364	12,264	6,750,414	14,564
c. Strikers	25,750	180	72,100	504
d. Definition of Household	5,817,870	35,000	10,760,040	35,000
e. Restricted Gross Income Eligibility	219,856	972	292,240	1,292
TOTAL	\$11,984,648	62,512	\$18,228,806	72,432
2. Increased Benefits and Net Households Affected by AFDC Changes	(\$ 2,660,416)	3,633	(\$ 2,217,013)	4,547
3. Net Change: Lost or Reduced Benefits	\$ 9,324,232	66,145	\$16,011,793	76,979

Source: 1/29/82 Report DHR. Office of Program Support.

AFDC \$22.88 million, a 20.8% loss

Food Stamps \$39.4 million, a 22.7% loss, and by applying the previous formula a loss of more than 3100 jobs.

Total estimated losses from Block Grant, entitlement, and other Federal sources came to \$113.3 million.

And what of the effect on the Food Stamp household? A recent USDA study showed real increases in benefits of 10% were more than offset by cuts in other Federal poverty programs, especially AFDC.

	Monthly AFDC Benefit	Monthly FS Benefit	Monthly Income	Monthly Total	% of Poverty Line
Before 1981 Omnibus Reconciliation Act (OBRA)	\$204	\$114	\$581	\$896	122%
After OBRA implementation	0	\$140°	\$581	\$721	83%

°This benefit would have fallen to \$89 due to OBRA changes in AFDC benefits

For example:

A family of 4 with 1 adult working full time at the minimum wage, saw its Food Stamp benefits increase from \$114 to \$140 from FY '81 to '82. But the AFDC payment fell from \$201 to zero. The net decrease in income was \$2,100 from \$10,752 to \$8,652.

VI. FINDING: NEED TO DETERMINE UNDERUSE OF PROGRAM AND DOLLAR LOSS TO
MARYLAND

The Food Stamp Program, like other Maryland-administered Federal food programs, suffers from a lack of useful data. The complexity of the Federal regulations, with the application of a double means test, makes it very

difficult to estimate the eligible population. Without this base, the monthly participation figures that are available tell us little about the extent to which need is being met or the identity of either the participating or the unserved populations. Useful but unavailable data includes:

For the participating population:

- Age and race of program participants
- Life circumstances leading to their eligibility
- Average length of stay on the program
- Reason for leaving the program
- Recidivism rate
- Regional differences

For the Unserved Population:

- Of potentially eligible, who, how many fail to apply, and why
- Who, how many apply but fail to complete the application process, and why
- Who is denied benefits, and for what reason

Research funds within DHR were a victim of OBRA '81. However, with current plans to implement the Automated Income Maintenance System (AIMS) statewide beginning in fall, 1984, there is some hope for establishing a workable data base for policy and program planning.

The Task Force has, nevertheless, attempted to estimate the Food Stamp participation rate. Basing its estimate on the Maryland population below 125% of poverty, the Task Force has concluded that only 61.7% of the potentially eligible individuals are currently served by the program and estimates the range of dollar loss to the State at between \$1.9 million and \$4.1 million a month (based on minimum monthly benefits of \$10 to average monthly benefits of \$45 a person). The FSP is a Federal Entitlement Program: Those meeting eligibility criteria must be encouraged to

participate. Underenrollment means that not only are urgent food and nutrition needs being unmet, but millions of dollars a year are being lost to the State.

RECOMMENDATIONS TO MEET UNMET NEED AND REVERSE DOLLAR LOSS TO STATE

DHR is unable to identify basic factors affecting the continuing decline in participation: who is denied benefits and why, who fails to complete the application process and why, which potential eligibles fail to apply and why. This decline held true during months of Maryland's highest unemployment, and is not related to economic "recovery". The Task Force recommends the following strategies to identify and address these factors:

- DHR work cooperatively with the proposed Food and Nutrition Policy Council to develop the potential of the Automated Income Maintenance System (AIMS) to generate data useful in identifying Marylander's food and nutrition needs.
- Health and Welfare Council Hotline data should be used in a similar manner.
- Budgetary allowance to carry out a negative sample survey and for ongoing outreach efforts. State support for food stamp outreach is recommended while Maryland seeks restoration of Federal funding in this area. Outreach can also educate clients as to what they need to bring to the interview to avoid multiple trips.
- A State match to Federal or private funds to undertake a Food Stamp Caseload Profile study to identify target populations for outreach.
- Improved interagency referrals by training low-income program workers to screen potential eligibles as a means to reach unserved populations.

- Availability of LDSS worker assistance to clients unable to complete the application process on their own would ease program access.
- Achieving conformity in eligibility for low-income programs, such as Food Stamps, WIC, Public Assistance, would permit State development of a unified application form and drastically reduce administrative costs. Seeking Federal support for pilot programs of this nature would be a first step in this direction. Beyond such efforts, providing a unified cash assistance program for the low-income population served by the above programs would be a logical step.
- The agency should receive every possible tangible encouragement to enroll potential eligibles.

VII. FINDING: NEED TO IMPROVE WORKER-CLIENT INTERACTIONS

Repeatedly during public testimony around the State, clients shared personal stories about the indignities suffered in dealing with workers who were insensitive, harsh, and/or who conveyed inadequate or inaccurate information. The question of worker attitude and its impact on the delivery of services and even on program participation is a complex one, closely bound up with:

- The complexities of the program itself
- Federal emphasis on error-reduction and fraud-prevention
- Voluminous and burdensome (to worker and client alike) verification procedures
- Frequent Federal regulation changes (six major revisions in the last 4 years)
- Income Maintenance Administration hiring policies

Amount and type of training of eligibility caseworkers.

During the application process the Food Stamp client must produce the following verification: Proof of who you are and your residency, social security numbers for all household members, proof of assets (type of car, savings books or checking account statements); rent receipts, utility bills, medical expenses (if elderly or disabled); proof of income. Additional verification may be required by some LDSS. The MD Food Stamp Application is 5 pages long. (See Attachment A)

A typical client-worker interaction involves a series of questions which from the client's point of view pry into every detail of his/her private life. The client may well be in crisis, or bring into the interview a healthy distrust of "the system", a sense of personal failure, low self-worth, and desperation. These feelings may be fed by the fact that the client knows of 2 families with apparently identical situations where one is receiving assistance and one is not. In fact the complexity of calculations may be responsible, but the appearance reinforces the sense that the program and/or the worker is arbitrary, unfair, or punitive.

The worker who, in Maryland, will rarely have more than a high school diploma, may well be one step away in her life circumstances from that of the client. She may bring her own fears into the interview. She may well have received insufficient training. The system, dating back to the sixties when Food Stamps could be obtained by the "declaration method", has continued to view the caseworker as a low-level clerical position: this is reflected in a hiring policy under which only high school graduates are sought. In fact, today's worker-client interaction requires both technical knowledge of the program and sophisticated interpersonal skills.

Dollars for training have been scarce since IMA became a separate administrative component of DHR in 1968-69. In 1983, IMA received its first funding specifically for training, \$70,000 which provides 3 trainers for the entire state system of 1410 eligibility caseworkers and 236 supervisors overseeing Food Stamps, AFDC, GPA, and Medical Assistance. Scarce training dollars are used to do periodic technical retraining relative to regulation changes. Policy, skills, and sensitivity training fall by the wayside. Even the technical training is, according to IMA, inconsistent, patchwork, and not sufficiently responsive to worker turnover. Most training is currently directed to caseworkers. With supervisor training a weak link, management does not have a good capability to support and sustain its workers over the long haul. The need for improved training has been made more urgent by frequent Federal regulation changes. Administrators desperately need greater program stability.

As of Spring, 1982, with the addition of 131 caseworkers, IMA estimated it was operating at 75% of staff need. But aside from certain seasonal or economic crisis shifts, IMA has stated it doesn't believe worker caseload has a direct bearing on worker attitude. New work measurement standards are currently being developed, and an analysis will be available late winter, 1984-85.

Complicating worker attitude is the recent Federal emphasis on error-reduction. IMA has been diligent in its efforts to comply with this thrust. From a high of 17% just a few years ago, the error rate is down to 6.7%. The threat of potentially costly Federal sanctions, however, continues to color program administration. The stance on eliminating costly errors, i.e.

costly to the State through sanctions for noncompliance, is one that filters down to the caseworker and colors the interaction with clients.

Recommendations: To Improve Worker and Client Attitudes and Interactions

The Task Force recognizes there is an inevitable tension in the worker-client relationship, but that the agency's appropriate role is to minimize that tension. With adequate program support the agency can begin to address this problem with complementary strategies:

- By improving worker training: currently 3 trainers are responsible for the entire state system of 1410 eligibility caseworkers and 236 supervisors overseeing Food Stamps, AFDC, GPA and Medical Assistance, each a complex program in itself. With six trainers the agency would be able to assign one to each of its regions to upgrade the current admittedly piecemeal efforts and to mandate sensitivity training for all caseworkers and supervisors. Improved training could also be expected to reduce program error. Training should develop the attitude that the worker is appropriately an advocate for the client.
- DHR's FY 86 Budget Plan proposes to upgrade hiring policies to create a new Caseworker-Associate IV classification. The proposal deserves legislative support.
- Increased client education being undertaken by the agency under a recent Federal error-reduction grant is a strategy being implemented to improve the interaction on the client's end. The proposed Advisory Council on Food and Nutrition Policy would be in a position to review these standards and their impact on the worker/client interaction.

VIII. FINDING: MULTIPLE BARRIERS TO PARTICIPATION

Public testimony revealed numerous obstacles to participation in the Food Stamp Program faced by the client. They include:

1) Complexity of the Federal program and of the forms themselves.

- There have been frequent regulation changes and recent Federal emphasis on saving program dollars by tightening eligibility and on eliminating fraud and abuse.
- Assets limits prove a barrier to the "new poor," displaced workers who are forced to divest themselves of hard-earned assets, and who must become virtually destitute to receive help. When only a little assistance might help such families to reconstruct their lives, they are thrust even deeper into poverty.
- The tightened household definition penalizes extended families or friends who share a residence in order to save on rent and utility expenses.
- A work disincentive that reduces Food Stamp benefit 30¢ for each dollar earned hits the working poor hard.
- Federal emphasis on welfare fraud with threats of heavy financial sanctions against the State have reinforced welfare myths and ignored the nutritional and preventive health aspects of the program.
- Verification, and the accompanying paperwork, become the worker's primary task, and a great source of indignity to the client.
- Program complexity continues to contribute to a lack of understanding by potential eligibles that prevents them from applying.

2) Associated with the complexity of the form and regulations are problems.

of illiteracy, foreign language barriers, and for the elderly, the absence of materials and applications with large print. Even college-educated clients and advocates state their difficulties in understanding the application form. Studies have shown that the lower a person's income, the lower the education and literacy level, and the less benefits an individual is likely to receive.

- 3) Inadequate benefits: Potential, even eligible clients, tend to perceive with good reason that benefits, even badly needed, aren't worth the bureaucratic hassle and personal indignity necessary to obtain them.

Back in 1975 USDA lost a Federal suit on the grounds that the Thrifty Food Plan, the basis for Food Stamp benefits, did not accomplish the Congressional purpose of the Food Stamp Program to "provide a nutritionally adequate diet for all eligible participants." But in 1977 the legal description of the program was changed to "permit low-income households to obtain a more nutritious diet," both admitting the fact that the plan is inadequate and demonstrating that Congress was unwilling at that time to provide enough stamps to ensure a nutritionally adequate diet. Since then, with delays in updating for the cost of living, the plan has become even less adequate: clients receive 52¢ per person per meal, an increase of only 4¢ a meal since March, 1981. A USDA survey demonstrated that 5 out of 6 families purchasing at the TFP dollar level fail to obtain the recommended daily allowances for basic nutrients. We recommend the adoption of the Low-Cost Food Plan as the basis for Food Stamp benefits.

The Fall, 1983 revision of the Thrifty Food Plan was based on 1977-78 Food Consumption Survey data. Updated consumption patterns show that Food

Stamp Households were spending about \$13 more than the weekly allotment, or about 24% more than the TFP suggests is necessary. And in figures released by USDA in April, 1984, detailing food costs at home, "Low-Cost" expenses are quite close to 24% higher than "TFP" expenses. The Task Force can only conclude that the "Low-Cost" plan is one that reflects life in this real world. (Chart C)

- 4) Expenditure of client time and money for application, recertification, dealing with missing or late Food Stamps, is seen to be a barrier. For the working poor, the elderly, and mothers with young children, the associated transportation costs are burdensome as well.
- 5) Personal pride and the stigma attached to shopping with food stamps may prevent potential eligibles from applying, or applicants from completing the process because of the federal emphasis on fraud and abuse.
- 6) Homelessness: While Section 110 of the Maryland Manual states that "when determining residency, the local department shall...not require a fixed residence", there currently remains some ambiguity in interpretation. IMA has recently completed, at USDA's request, a survey of how local jurisdictions handle such cases. Baltimore City DSS has a Homeless Unit which can give grants to establish residence, and works with local shelters to place homeless people. Smaller departments likewise rely on community resources - which tend to be quite limited in rural areas, and provide emergency funds to transients. In practice, shelters and churches may serve as mailing addresses for Food Stamps for those with no fixed address. Or the the client may be asked to pick up Food Stamps at the LDSS. IMA is preparing policy guidelines in this

Chart C

Food Stamp Allotments Based on the Thrifty Food Plan (October 1983)

Household Size	Monthly Allotment if Household Has No Income
1	\$76
2	\$139
3	\$199
4	\$253
5	\$301
6	\$361
7	\$399
8	\$457
Each additional person, add:	+\$57

Subtract 30% of available income from the maximum food stamp allotment to determine the coupon allotment. For example, a 4 person household with \$300 in available income would receive \$153 in food stamps. 30% of income = \$100. Maximum monthly allotment for a family of 4 = \$253-\$100 = \$153 food stamp allotment.

Source: Background Paper #75, Bread for the World, July, 1984.

area which will appear in the next State Manual.

- 7) The reduction in Federal funding of legal services for the poor has made it more difficult for applicants denied benefits, participants receiving less than they believe they should, or participants receiving adverse action notices, to enlist outside help with their cases.
- 8) Elimination of Federal money for Food Stamp Outreach as of OBRA '81.

Recommendations: To Remove Barriers to Participation

The complexity and restrictiveness of program regulations is a burden testified to by client and worker alike. Relief in a number of areas must be sought at the Federal level. The Task Force urges Maryland's Congressional Delegation to work for the following means to ease program access:

- Simplify program regulations, particularly by seeking a state option for monthly reporting/retrospective budgeting, which has proven to be costly and error-prone in other states where it has been implemented.
- Increase the assets limit from \$1,500 to \$2,250 for most households (a help to the recently unemployed), and from \$3,000 to \$3,500 for households with at least one person over age sixty.
- Return the household definition to its 1979 status, to allow siblings, parents, and children over 18 living with their parents to be considered separate food stamp households. Currently extended families sharing living quarters to save on shelter expenses are being penalized for their efforts.
- Increase the earned income deduction from 18% to 20% to help the working poor.
- The Task Force recognizes that much of the regulations' complexity is designed to reduce error, and applauds DHR's success in lowering the food stamp error rate from 17% to 6.7% in recent years. Also recognizing that recent Federal emphasis on eliminating fraud and error and the threat of financial sanctions has led to an overcomplex program and increased the tension between worker and client, we would urge our Congressional Delegation to oppose stricter penalties for food stamp error rate in excess of 5%.
- Restore Federal money for Food Stamp Outreach to bring more eligibles onto the program.

- Increase benefit levels by changing the basis on which Food Stamp benefits are determined.

We recommend that Maryland's Congressional Delegation seek to replace the TFP with the Low Cost Food Plan as the basis for determining benefit levels. Until this change can be effected, six-month cost-of-living adjustments to the TFP should be restored.

Because a number of witnesses related the inadequacy of benefits to the high costs of special dietary needs and to the presence of teen-agers in the household, the Task Force recommends a Federal examination of the need for benefit adjustments for such households.

Achieve conformity in eligibility for low-income programs such as AFDC, WIC, Medical and Energy Assistance, as well as Food Stamps. Or, more simply, provide a unified cash assistance program to those served by the above programs. Minimally, the former would give the State an opportunity to develop a simplified, unified application form, reducing administrative costs and burdens on clients. Legislation allowing for pilot programs of this nature was defeated in committee this year.

Maintain national eligibility standards.

- We would view with alarm any efforts to dismantle the Food Stamp program as a National Entitlement Program by block-granting funds to the states.

Restore funding for legal services to the poor.

While the Task Force recognizes that removing barriers to participation must proceed at the Federal level, there is much that can be accomplished at the State level as well.

While the Food Stamp Program is intended to supplement a family's food budget, in the real world families must meet all their needs with the allotment and the help of emergency services. Public assistance clients in particular suffer from a lag of a week or more between the receipt of AFDC

checks and Food Stamp benefits. The client is frequently forced to hold back on rent or utility payments in order to keep food on the table during that time.

For this reason the Task Force urges the agency to see that coupons are in the hands of the client during the first few days of the month. For the same reason we would oppose any State or Federal effort to institute the staggered issuance of food stamps.

Provide Funding for Food Stamp Outreach with special emphasis on reaching displaced workers, rural poor, and the elderly. Such an effort would call for 5 regional and 1 statewide coordinator, aggressive use of the media, increased use of the Health and Welfare Council's Hotline (Hotline informational but not outreach services would qualify for a 50% federal match) and a mobile unit to reach isolated populations. Since USDA literature is no longer widely available, funds for printing should be included. Such an effort can bring more potential eligibles into the program and go a long way toward reducing the stigma of participation. In a 1980 Food Stamp Outreach project implemented by the Maryland Food Committee under contract with the State Economic Opportunity Office of Maryland of DHR, there was strong evidence of increases in both Non-Public Assistance applications received and in participating households. While all counties showed some increases, they were greatest in the rural project areas.

DHR's October 1980 Food Stamp Outreach Plan, the last to be formulated before the loss of Federal dollars for the effort, gave "special attention to target populations who statistically under-participate...:

elderly, disabled, minorities, ethnic groups, migrants, working poor, and AFDC/GPA/SSI recipients."

Use outreach effort to educate applicants as to what they need to bring to the interview and to avoid multiple trips.

Improve interagency referrals. As part of the outreach effort, workers in other low-income programs, senior citizen centers, and emergency service agencies should be trained to screen potential eligibles for Food Stamps.

Worker assistance should be available at LDSS to clients who are unable to complete the application process on their own.

At the State level, minimizing and simplifying verification procedures within Federal guidelines would ease the burden of complexity.

- One such example leads us to recommend that Section 408.6 of the Maryland Manual, which gives LDSS the option to require additional verification, be deleted in order to prevent differential treatment of clients from one jurisdiction to another.
- Placing the regular review of regulations and implementation in a state body outside of the administering agency, i.e. the proposed Office of Nutrition, would facilitate meeting the stated goal.

Although no specific case of denial of food stamp benefits to the homeless was brought before the Task Force, a number of individuals raised questions about program access for those with no fixed address.

The proposed Office of Nutrition would be in a position to review the planned revision of the State Manual and coordinate service to the homeless.

To allow clients to stretch food stamp dollars further, make nutritional and budget information available to them; IMA currently has plans to do so.

IX. PROBLEM: BARRIERS TO PARTICIPATION FOR MIGRANT AND SEASONAL FARMWORKERS WILL BE ADDRESSED BY THE TASK FORCE DURING 1984-85 AS PART OF ITS

INQUIRY INTO THE SPECIAL NEEDS OF THIS POPULATION.

X. FINDING: AREAS OF NON COMPLIANCE IN MARYLAND'S FSP.

Two recurrent themes surfaced in client's testimony with regard to compliance: respect for clients' rights and timeliness.

Section 403 of the Maryland Food Stamp Manual states clients' rights to be informed of among other things:

- 1) Rights under the Privacy Act of 1974;
- 2) Household access to case file;
- 3) The right to file an application in person or by mail on the same day the local department is contacted (Section 400 further details that "households must be informed of and encouraged to take advantage of this same day filing provision");
- 4) How to proceed with complaints;
- 5) Section 401 further states that the client does not have to be interviewed prior to filing the application;
- 6) Section 401 states that "the household should be encouraged to complete the section of Part 1 entitled "If You Need Food Stamps Right Away" if they have little or no income and need food stamps right away.

The following case study compiled by the MD Food Committee illustrates how a LDSS is typically out of compliance. The MFC, a private, non-profit advocacy agency, frequently receives calls for help with such cases:

- 2/6 Mrs. F calls for emergency food because she was told she was ineligible for GPA and though that meant she was also ineligible for Food Stamps.
- 2/9 Mrs. F. is told by Mrs. S., the LDSS receptionist to fill out a Food Stamp application at home and bring it back. An MFC staff member helps Mrs. F. to fill in the application at the center. Mrs. S. refuses to take the application, saying it is after interview hours. Screening for expedited issuance is initially refused. Finally she is seen by a worker.

- 2/14 Mrs. F. returns to LDSS with verification and is certified for Food Stamps.
- 2/21 Mrs. F. returns to LDSS to have photo ID taken.
- 2/25 Mrs. F. receives food stamps.
- 3/6 MFC staff member observes approximately 50 people waiting to see the application worker. At 9:10 a.m. those waiting, some since 7:30 a.m., are informed that no more people will be seen this day because only 2 workers are interviewing. A posted sign states interview hours are from 9-11 a.m. The policy of not accepting applications is still in practice.
- 3/7 MFC staff contacts State Food Stamp Director, who promises to take prompt action.
- 3/15 A volunteer goes to center, is treated courteously, encouraged to fill out the entire application and to file the 1st page.

This case study is presented here to illustrate the type of situation a client commonly encounters, as well as the very potent effect the presence of a program-wise advocate can have. Mrs. F. made four trips to her LDSS to complete the certification process. According to policy, Mrs F's worker should have begun the process at the time of her original GPA application.

A second area where the MD FSP is frequently out of compliance is in the area of timely delivery of both expedited and regular food stamps. Federal regulations state that 5 calendar days for expedited and 30 calendar days for regular Food Stamps are to be allowed.

In March, 1980, the MFC and Legal Aid filed a class action suit (Hess vs. Hughes) on behalf of Food Stamp clients regarding screening for expedited issuance and timeliness for expedited and regular Food Stamps. A consent decree in August, 1980, directed the State to comply in all areas, and to report monthly to the court on a county by county basis. A 3% margin of error, that is 97% of full compliance, was allowed for. The state

continues to file reports monthly with Legal Services. The attached charts (Attachment B) detail the percentage of compliance from 7/82 through 6/84. Baltimore and Howard counties have clearly been out of compliance for 30 day issuance over periods of months during the past year. Charles County and 16 out of 17 City DSS centers (Patapsco being the exception) have been substantially out of compliance with expedited issuance. In many areas, there are sudden peaks and valleys which may be of less concern since the statistic may reflect a personnel change, local economic crisis, etc. But in June, 1984, the last month for which data is available, only 4 of 17 city centers would be considered to comply under the strictures of the Hess vs Hughes consent decree. IMA believes that introduction of AIMS as well as the Automated Master File System, will address the compliance question head on. Meanwhile, they are working to improve local jurisdiction administrative procedures that impact on timeliness.

Recommendations: To Bring MD FSP Into Compliance

- Increased client education and worker training would address these as well as other problems.
- The proposed Advisory Council on Food and Nutrition Polich would be in a position to monitor compliance with client rights and timeliness, and any corrective action plans.
- The Legislature could provide further support by requiring enforcement of local compliance with Federal and State law, enabling the Attorney General to seek injunctive relief against a jurisdiction in violation.
- The maintenance of national eligibility standards and the restoration of funding for Legal Services to the poor should be sought as necessary safeguards of the client's interests.

XI. FINDING: NEED FOR PROGRAM ACCOUNTABILITY

A) Internal Accountability: Quality Control

The Federal government requires states to implement Quality Control procedures, which they review. USDA then uses the QC results to assign error rates, the basis for financial sanctions, and for corrective action plans. Approximately 100 staff persons operate in Maryland under a \$2.2 million budget, paid 1/2 by the State and 1/2 by the Federal government. QC covers all Income Maintenance Programs. On an ongoing basis QC reviews a sample of 1200 Food Stamp cases/year, and 1200 AFDC cases every 6 months. IMA identifies as a basic problem that penalties may often be imposed for errors that workers have no way of identifying.

B) Public Accountability

Neither Federal review of the State Manual nor public hearings are required any longer prior to its publication. The remaining avenue for public accountability is the budgetary review process of the General Assembly. The budgetary focus of this review means that legislators tend to look closely at staff requests, AIMS progress, and special

project funding requests over the MARC - and less thoroughly at whether or not the program is doing what was intended. With State funding of the program going only for administrative costs, the oversight function seems to be limited to management, as opposed to service.

Recommendations To Improve Accountability

Consistent with the Task Force's general recommendations, we recommend the submission of an annual plan to the proposed State Council on Food and Nutrition Policy that would include the identified population at risk, that the percentage unserved and plans for providing services to them.

XII. POTENTIAL PROBLEM AREA: WORKFARE

While Maryland currently has no workfare program either for Food Stamps or AFDC, the Task Force recognizes growing interest at the Federal and State levels in making workfare mandatory for one or both. Currently workfare is a State option. Workfare is based on the assumption that recipients of these types of aid have an obligation to the government to "work off" the amount of Food Stamp or grant payments received. DHR has firmly opposed efforts to impose such a system.

Instead DHR has established an Employment Initiatives Program to help AFDC applicants and recipients find unsubsidized employment. Such efforts contribute to the economic self-sufficiency of welfare clients, and enable taxpayers to realize reductions in public assistance costs. EI achieves its goal by providing employment and training opportunities to participants in the Work Incentive (WIN) program. A variety of program components, including remedial education, skills training, on-the-job training, work experience and job search assistance are available to clients and tailored to their special needs.

Baltimore City Options and Wicomico County "BET" (Basic Employment and Training) began as demonstration projects in the fall of 1982. After 1 year of operation, over 40% of actively participating clients entered employment. five Counties will become additional demonstration sites in federal FY 85.

The Task Force supports such initiatives to help people get off of welfare and into the workforce, and opposes workfare as a punitive approach to force clients off of welfare. Other states implementing workfare have found the following abuses to occur:

- ° Participants are not considered employees and receive no wages, vacation or sick leave.
- ° Placement in menial jobs at the personal service of state employees.
- ° Displacement of wage-earners in paying jobs by "free" workfare laborers.

Furthermore, national data from workfare demonstration projects, reported in July, 1981 by the General Accounting Office, show a greater than 3 to 1 ratio of costs to savings, and that few placements result in long-term employment.

Recommendation:

Therefore we recommend that the Legislature resolve to give continued support to these initiatives over any efforts to have clients simply "work off" their public assistance or food stamp benefits, and that the Congressional Delegation support efforts to keep workfare a state option for the Food Stamp Program.

Conclusions

At all three public hearings, testimony by Food Stamp recipients, agency representatives serving their emergency needs, and advocates intervening on their behalf, repeatedly highlighted client difficulties in:

- gaining access to the program
- understanding the complex application and program regulations
- obtaining accurate and adequate information
- suffering from worker insensitivity
- meeting food needs at the allotted benefit levels

Others, including the unemployed and public assistance clients, spoke of their frustrations at finding themselves ineligible for any benefits. Many shared stories of experiencing personal indignity during interactions with the LDSS and while shopping with the coupons. Witnesses traced program problems to budget cuts and tighter regulations at the federal level and to worker caseload, training, and attitude at the state and local level.

A second and major aspect of the FSP engaging the Task Force's attention concerns the participation rate, which has continued to drop since October 1981, the first month in which federal cutbacks were felt. Basing its estimate on the Maryland population below 125% of poverty, the Task Force has concluded that only 61.7% of the potentially eligible individuals are currently served by the program and estimates the range of dollar loss to the State at between \$1.9 million and \$4.1 million a month (based on minimum monthly benefits to average monthly benefits/person). The FSP is a Federal Entitlement program: those meeting the eligibility criteria must be allowed to participate. Underenrollment means that not only are urgent food and nutrition needs being unmet, but that millions of dollars a year are lost to the state.

It is important to note here the many positive secondary effects the Food Stamp Program has on the economy:

- According to USDA formulas \$611.5 million/year in new business is generated in the local economy, approximately 1.7% of the gross State Product, and 3,228 jobs are created.
- Savings of tax-payer dollars, since job creation eases the State's burden of unemployment benefits and other supports for the jobless.

- The increase in dollars circulated creates a larger tax base for generating local, State, and Federal dollars.

SUMMARY OF MAJOR FINDINGS AND RECOMMENDATIONS

The major findings and recommendations which follow are based on the dual considerations of problems identified by witnesses and the need to remedy dollar loss to the State by increasing participation.

1. DHR is unable to identify basic factors affecting participation: who is denied benefits and why, who fails to complete the application process and why, which potential eligibles fail to apply and why. The Task Force recommends the following strategies to identify and address these factors:

- Budgetary allowance to carry out a negative sample survey and for ongoing outreach efforts. State support for food stamp outreach is recommend while Maryland seeks restoration of Federal funding in this area. Outreach can also educate clients as to what they need to bring to the interview to avoid multiple trips. We recognize that since October 1981 the significant drop in participation in Maryland mirrors a national trend requiring a multiple response.
- A State match to Federal or private funds to undertake a Food Stamp Caseload Profile study to identify target populations for outreach.
- Improved interagency referrals by training low-income program workers to screen potential eligibles as a means to reach unserved populations.
- Availability of LDSS worker assistance to clients unable to complete the application process on their own would ease program access.
- Achieving conformity in eligibility for low-income programs, such as Food Stamps, WIC, Public Assistance, would permit State development of a unified application form and drastically reduce administrative costs. Seeking Federal support for pilot programs of this nature would be a first step in this direction. Beyond such efforts, providing a unified cash assistance program for the low-income population served by the above programs would be a logical step.
- The agency should receive every possible tangible encouragement to enroll potential eligibles.

2. The Task Force recognizes there is an inevitable tension in the worker-client relationship, but that the agency's appropriate role is to

minimize that tension. With adequate program support the agency can begin to address this problem with complementary strategies:

- By improving worker training: currently 3 trainers are responsible for the entire state system of 1410 eligibility caseworkers and 236 supervisors overseeing Food Stamps, AFDC, GPA and Medical Assistance, each a complex program in itself. With six trainers the agency would be able to assign one to each of its regions to upgrade the current admittedly piecemeal efforts and to mandate sensitivity training for all caseworkers and supervisors. Improved training could also be expected to reduce program error. Training should develop the attitude that the worker is appropriately an advocate for the client.
 - DHR's FY 86 budget Plan proposes to upgrade hiring policies to create a new Caseworker-Associate IV classification. The proposal deserves legislative support.
 - Increased client education being undertaken by the agency under a recent Federal error-reduction grant is a strategy being implemented to improve the interaction on the client's end.
3. The complexity and restrictiveness of program regulations is a burden testified to by client and worker alike. Relief in a number of areas must be sought at the Federal level. The Task force urges Maryland's Congressional Delegation to work for the following means to ease program access:
- Simplify program regulations, particularly by seeking a state option for monthly reporting/retrospective budgeting, which has proven to be costly and error-prone in states where it has been implemented.
 - Increase the assets limit from \$1,500 to \$2,250 for most households (a help to the recently unemployed), and from \$3,000 to \$3,500 for households with at least one person over age sixty.
 - Return the household definition to its 1979 status, to allow siblings, parents, and children over 18 living with their parents to be considered separate food stamp households. Currently extended families sharing living quarters to save on shelter expenses are being penalized for their efforts.
 - Increase the earned income deduction from 18% to 20% to help the working poor.
 - Restore federal funding for Food Stamp Outreach activities.

- Restore federal funding cuts in legal services to the poor.
- At the State level, minimizing and simplifying verification procedures within Federal guidelines would ease the burden of complexity.
- One such example leads us to recommend that Section 408.6 of the Maryland Manual, which gives LDSS the option to require additional verification, be deleted in order to prevent differential treatment of clients from one jurisdiction to another.
- Placing the regular review of regulations and implementation in a state body outside of the administering agency, i.e. the proposed Office of Nutrition, would facilitate meeting the stated goal.

The Task Force recognizes that much of the regulations' complexity is designed to reduce error, and applauds DHR's success in lowering the food stamp error rate from 17% to 6.7% in recent years. Also recognizing that recent Federal emphasis on eliminating fraud and error and the threat of financial sanctions has led to an overcomplex program and increased the tension between worker and client, we would urge our Congressional Delegation to oppose stricter penalties for food stamp error rate in excess of 5%.

4. Two recurrent themes surfaced in public testimony with regard to agency compliance: respect for clients' rights (spelled out in a number of sections in the State Manual), and timely issuance. Furthermore, agency-generated data show that several counties have been out of compliance for 30-day issuance for periods of months during the last year, and 16 out of 17 City DSS centers have been substantially out of compliance for expedited issuance.

- Increased client education and worker training would address these as well as other problems.
- The proposed Food and Nutrition Policy Council would be in a position to monitor compliance with client rights and timeliness, and any corrective actions plans.

- The Legislature could provide further support by requiring enforcement of local compliance with Federal and State law, enabling the Attorney General to seek injunctive relief against a jurisdiction in violation.
- The maintenance of national eligibility standards and the restoration of funding for Legal Services to the poor should be sought as necessary safeguards of the client's interests.

Migrant and seasonal farmworkers are a subpopulation with special and urgent needs for timely and fair service. Because the Task Force received only limited testimony on these clients' needs, we will defer recommendations until we have gathered more information.

5. The basic problem common to the many distressing personal stories the Task Force heard is inadequate benefits. This was underscored by emergency food pantry and soup kitchen personnel, who spoke of the continuing increase in numbers served and the surge in need during the last 7-10 days of the food stamp month.

While the Food Stamp Program is intended to supplement a family's food budget, in the real world families must meet all their needs with the food stamp allotment and the help of emergency services. Public assistance clients in particular suffer from a lag of a week or more between the receipt of AFDC checks and Food Stamp benefits. The client is frequently forced to hold back on rent or utility payments in order to keep food on the table during that time.

For this reason the Task Force urges the agency to see that coupons are in the hands of the client during the first few days of the month. For the same reason we would oppose any State or Federal effort to institute the staggered issuance of food stamps.

The only effective solution to the problem of inadequate benefits lies with the Federal Government, which ties benefit levels to the Thrifty Food Plan (TFP). Recent consumption patterns show that food stamp households spend about 24% more on food than the TFP suggests is necessary. USDA's April 1984 figures also demonstrate that food costs under the Low Cost Food Plan more accurately reflect the family's needs.

The Task Force recommends therefore that Maryland's Congressional Delegation seek to replace the TFP with the Low Cost Food Plan as the basis for determining benefit levels.

- Until this change can be effected, six-month cost-of-living adjustments to the TFP should be restored.
 - We would view with alarm any efforts to dismantle the Food Stamp Program as a National Entitlement Program by block-granting funds to the states.
 - Because a number of witnesses related the inadequacy of benefits to the high costs of special dietary needs and to the presence of teenagers in the household, the Task Force recommends a Federal examination of the need for benefit adjustments for such households.
6. Although no specific case of denial of food stamp benefits to the homeless was brought before the Task Force, a number of individuals raised questions about program access for those with no fixed address.
- The proposed Office of Nutrition would be in a position to review the planned revision of the State Manual and service to the homeless.
7. The Task Force found that the Food Stamp Program, like other Maryland Administered Federal Food programs, has a great, untapped potential to supply data useful in identifying Marylanders' food and nutrition needs. With the imminent implementation of the Automated Income Maintenance System (AIMS) the agency will be capable of generating such useful data.
- We recommend that DHR, as well as the Health and Welfare Council Hotline, work cooperatively with the proposed Food and Nutrition Policy Council to develop this potential.
8. The Task Force found that the FSP, like other federally funded nutrition programs, is closely scrutinized as to management functions during the General Assembly's budgetary review process. There is currently no parallel oversight as regards program service. Consistent

with our general recommendations, we recommend the submission of an annual plan to the proposed Food and Nutrition Policy Council. The plan should include the population at risk, the percentage unserved, and plans for providing services to them.

9. The Task Force is aware that the Employment Initiatives Pilot Programs operated in Baltimore City and Wicomico County and soon to be extended to five additional jurisdictions, are establishing a good track record in moving AFDC clients off of public assistance and into a stable employment situation.

Therefore we recommend that the Legislature resolve to give continued support to these initiatives over any efforts to have clients simply "work off" their public assistance or food stamp benefits, and that the Congressional Delegation support efforts to keep workfare a state option for the Food Stamp Program.

NATIONAL SCHOOL LUNCH, CHILD NUTRITION PROGRAMS, AND
FOOD DISTRIBUTION (NEEDY FAMILIES) PROGRAMS

The National School Lunch, Child Nutrition Programs and Food Distribution (Needy Families) Programs, include the 1) National School Lunch Program, 2) School Breakfast Program, 3) Food Distribution Program, (School Programs), 4) Special Milk Program, 5) Child Care Food Program, 6) Summer Food Service Program, 7) Nutrition Education and Training Program, 8) Food Distribution (Needy Families) Programs, and 9) State Administrative Expense Program. Since 1946, the purpose of the National School Lunch Program has been to safeguard the health and well being of the nation's children and to encourage the domestic consumption of nutritious agriculture commodities and other food. In furthering this objective, the Child Nutrition Act was passed in 1966. It established the School Breakfast Program, extended and expanded the Special Milk Program, appropriated funds for the first time for special cash assistance for free and reduced price meals, and provided money for state agency program administration.

Each year the Maryland State Department of Education enters into an agreement with the U.S. Department of Agriculture to administer these programs. They are administered by the Educational Support Services Branch, within the Division of Administration and Finance. The Food and Nutrition Services in the Branch include a Child Nutrition Section, Food Distribution Section, Program Assistance and Monitoring Section, and Accountability Section. The types of services available through the various programs include the distribution of donated food, cash reimbursement, supervisory and technical assistance.

To participate in the aforementioned programs public local education agencies and other sponsors enter into agreements with the Maryland State Department of Education. They must also complete applications and policy statements and provide other information that is required by federal regulations. Program administration is essentially a venture between the federal, state, and local governments and private sponsors. Local public and private sponsors by federal regulations are given a great deal of autonomy. The state agency monitors local programs to assure that they are operated in compliance with all applicable federal and state policies and regulations. In turn, the U.S. Department of Agriculture monitors and evaluates the state agency's overall effectiveness in administration.

The Maryland State Department of Education has been designated as the authorized agency to administer the National School Lunch, Child Nutrition and Temporary Emergency Food Assistance Programs for the State of Maryland.

The National School Lunch Program

Program Description

The National School Lunch Program was first authorized in 1946 by the National School Lunch Act. It provides services to public and nonprofit private schools. Funds are provided through Sections 4 and 11 of the National School Lunch Act. Section 4 authorized funds are to be used for general cash-for-food assistance payments for those agencies which operate the National School Lunch Program. These funds are used to pay reimbursement for meals served in the paid, free, and reduced price categories. The rates are set yearly and provide for variable reimbursement rates with the statewide overall average not to exceed a specified amount.

Section 11 authorizes funds to be used for special assistance payments to those agencies which operate a National School Lunch program. The reimbursement is used for lunches served at no cost to children eligible for free lunches and for lunches served at a reduced price to children eligible for reduced price lunches. The rates are established annually and provide for variable reimbursement as is applicable to Section 4 funding. All lunches for which reimbursement is paid must meet established nutritional standards. Federal, state and local funds allocated for the school lunch program are included in Table 1 below:

Table 1

National School Lunch Program Budget

FUNDING:	1983	1984	1985 (predicted)
Federal	\$32,101,070	\$34,258,719	\$35,971,654
State	4,438,360	4,523,179	4,658,875
Local	*	*	*
Contributions	-0-	-0-	-0-
Total	\$36,539,430	\$38,781,898	\$40,630,529

*See Table 6

Eligibility:

All children in the State of Maryland up to age 21 who are enrolled in public schools, non profit private schools whose average annual tuition does not exceed \$1500, and public and licensed non profit private residential child care institutions such as: orphanages, home for mentally retarded, temporary shelters for children, juvenile detention centers, drug abuse centers, and centers for emotionally disturbed children.

School Lunch Participation:

Enrollment in the state public school system is 683,491. The number of approved free lunch applications in the 1983-84 school year is 149,877

(21.9%) and reduced price applications in the free lunch program is 35,982 (5.2%) of enrollment. The Maryland State Department of Education reported participation level in the free lunch program is approximately 123,000 (82% of eligibles) and for reduced price 20,103 (56% of eligibles) for the 1984 school year. The relatively high proportion of eligible children not participating in the program results in a major loss to the state.

This results in a lost opportunity to provide nutritional support to high risk youngsters, as well as the lost in federal reimbursable dollars to the state is estimated to be millions of dollars. As seen in Table 2 Federal reimbursement for a free lunch is \$1.0875 of Section 11 funds, and \$.1150 from section 4 funds resulting in a monetary loss of \$1.2025 per child per day. In addition, \$.115 per lunch per child of U.S. Department of Agriculture donated commodities or other food equivalent is lost to the state for each nonparticipant. With approximately 27,000 eligible youngsters not participating in the lunch program the financial loss to the state is \$5,844,000. In addition, another \$559,000 is lost in donated commodities. These figures are not adjusted for the potential influence of student absenteeism.

Further, only 55.8% of those eligible for reduced price lunch participate. If all the 15,879 children did participate the additional federal reimbursement to the state would approximate at \$.0825 per meal per child or \$2,294,000 per school year. The additional federal commodity reimbursement of \$.115 per child results in a total loss for the school year of \$2,622,417. The receipt of these additional funds assumes that \$1,350,688 will be made available in state funds and \$1,543,644 in local funds.

Table 2

National School Lunch Program Reimbursement

	<u>Federal Monetary Reimbursement</u>	<u>Federal Commodity Reimbursement</u>	<u>Average Number Eligible School Children not Participating*</u>	<u>Lost Federal Support per School Year</u>
Free Lunch Program	1.2025	.115	27,000	6,403,050
Reduced Price	.8015	.115	15,879	2,622,417

*not adjusted for absenteeism

There are no figures available as to how many needy families fail to apply for the program or how many who become eligible throughout the school year or fail to make follow up applications as their financial situation changes. There appears to be no organized and continuous outreach services which are designed to encourage the receipt of applications from needy families thereby promoting maximum participation.

School Breakfast Program

Equally important is the School Breakfast Program. Eligibility is extended to all children in the state of Maryland up to 21 years of age who are enrolled in public schools and nonprofit private schools whose average annual tuition does not exceed \$1500. Also public and licensed nonprofit private residential child care institutions such as: orphanages, homes for mentally retarded, temporary shelters for children, juvenile detention centers, drug abuse centers, and centers for emotionally disturbed children.

Reimbursement

Breakfast reimbursement has two categories:

1. Severe Need - eligibility is based on a school having served 40% or more of the lunches to students free or at a reduced price during the second preceding year. Participation in these categories has a significant impact on the availability of the school breakfast program.
2. Regular rate to all others.

The budget for the school breakfast program is given in Table 3.

Table 3

School Breakfast Program Budget

FUNDING:	1983	1984	1985 (predicted)
Federal	\$3,974,274	\$4,253,929	\$4,466,625
State	332,312	390,718	328,730
Local	*	*	*
Contributions	-0-	-0-	-0-
Total	\$4,306,586	\$4,644,647	\$4,795,355

*See Table 6

Participation:

The level of participation in the School Breakfast Program is very low. Only 26,101 (17.4%) of the 149,877 eligible are reported to participate in the free breakfast program and only 1,603 (4.5%) of the 35,982 children approved for reduced price meals. As with the School Lunch Program federal funds are being lost as a result of low participation levels. The federal reimbursement formula provides for .7550 for identified severe need schools and .6275 for other schools for free breakfasts and .4550 and .3275 respectively for reduced price breakfast. At a weighted average figure of .70 per breakfast per child the annual loss to the state of the additional

123,776 eligible children participated in the school breakfast program is \$15,595,776 per annum. The loss for reduced price breakfast at a weighted average of .40 per breakfast for the 34,379 eligible nonparticipants is 2,475,288. The receipt of these additional funds assumes that \$2,063,922 will be made available in state funds and \$10,817,802 in local funds. These projections are based on the present cost of meal production and reflect the way the program presently operates, requiring local support for all school meals served, including paid, free, and reduced meals.

Table 4

School Breakfast Program

	Federal Monetary <u>Reimbursement*</u>	Average Number Eligible** School Children not <u>Participating*</u>	Lost Federal Support per School <u>Year</u>
Free Breakfast Program	.70	123,776	15,595,776
Reduced Price Breakfast	.40	34,379	2,475,288

*weighted average for schools federal designated as "severe" and "regular"
 **not adjusted for absenteesim

Clearly all eligible children may not fully participate, but it is equally clear that with each incremental increase in participants, the nutritional objectives of the program will come closer to being met along with a heavy infusion of additional federal dollars which are currently being lost. Table 5 provides an estimate of maximum total dollars lost to the state.

Table 5

Maximum Estimates of Federal Funds Lost Per School Year

School Lunch Program Federal Reimbursement	
Free Lunch	\$5,844,000
Reduced Price Lunch	2,940,000
Commodities	559,000
School Breakfast Program Federal Reimbursement	
Free Breakfast	15,595,776
Reduced Price Breakfast	2,475,288
TOTAL	\$27,414,064

An opportunity is being missed by not expanding the school breakfast program and maximizing participation in the school lunch program. To date many schools are not operating breakfast programs at all or do so in less than efficient manner. One county does not provide for an ongoing breakfast program for eligible children. An increased level of commitment to this program will enure to the benefit of all concerned. In the area of reduced priced meals additional support by the state for the reduced prices meals will serve to decrease the financial burden on the child and family while recovering many times the additional investment in federal dollars at the same time increasing the nutritional support of needy school children.

Special Milk Program

Eligibility

The Special Milk Program is authorized by Section 3 of the Child Nutrition Act of 1966. Its purpose is to encourage consumption of fluid milk. Children up to 21 years of age enrolled in public and nonprofit private schools whose annual average tuition does not exceed \$1500 and children up to 19 years of age enrolled in day care centers, settlement houses, summer camps and similar nonprofit institutions devoted to the care

and training of children who are not participating in a U.S. Department of Agriculture funded meal program are eligible to participate in this program if they do not participate in one of the other food programs.

In 1983, there were 126 schools and other sponsors participating in the program with an enrollment of 23,000 students. There were 154 schools and other sponsors participating in the programs in 1984, with an enrollment of 23,600 students. In 1985, it is estimated that 176 schools and other sponsors will participate with an enrollment of 24,000 students. For fiscal information is presented in Table 6.

Table 6

Special Milk Program: Budget

ALLOCATION FORMULA:

Federal
Paid .0925
Free cost of milk

<u>FUNDING:</u>	<u>1983</u>	<u>1984</u>	<u>1985(predicted)</u>
Federal	\$318,606	\$312,968	\$328,616
State	-0-	-0-	-0-
Local	*	**	***
Contributions	-0-	-0-	-0-
Total	\$318,606	\$312,968	\$328,616
 EXPENDITURES:	 *\$318,606	 **\$312,968	 ***\$328,616
Overspent	-0-	-0-	-0-
Underspent	-0-	-0-	-0-
Funds returned	-0-	-0-	-0-

BUDGET BREAKDOWN

Personnel Cost	-0-	-0-	-0-
Other Costs	*\$318,606	**\$312,968	***\$328,616
Service Cost:			
Food Formula	---	---	---
Food Stamps			

*Local income was \$52,260,702 for NSL, SB, and SM Programs.

Also expended in those programs.

**Local income estimated at \$54,873,737 for NSL, SB, and SM Programs.

Also expended in those programs.

***Local income is estimated at \$57,617,424 for NSL, SB, and SM Programs.

To be expended in those programs.

Food Distribution Program (School Programs)

This program provides food for the preparation of meals served to individuals enrolled in the National School Lunch, Special Milk, Child Care, and Summer Food Service Programs. In addition, food is provided to charitable institutions who are nonpenal, noneducational public institutions

and nonprofit, tax exempt, private hospitals, or other nonprofit, noneducational, tax exempt private institutions organized for charitable or public welfare purposes.

Statistics are not available to determine the total number of individuals reached by this program. Budget information is detailed in Table 7.

Table 7

Food Distribution Program (School Programs): Budget

ALLOCATION FORMULA: Sponsors of the National School Lunch Program and Summer Food Service Program for Children are allocated U.S. Department of Agriculture Commodities equivalent to \$.1150 per lunch served. Sponsors of the Child Care Food Program for Children are given an option to receive cash in lieu of commodities at a rate of \$.1150 per lunch served. Sponsors of the summer food service programs for children are allocated \$.01 per lunch served.

<u>FUNDING:</u>	<u>1983</u>	<u>1984</u>	<u>1985(predicted)</u>
Federal	-0-	-0-	-0-
Cash Food Value	\$15,929,973	\$19,164,400	\$20,000,000
State	-0-	-0-	-0-
Local	-0-	-0-	-0-
Contributions	-0-	-0-	-0-
Total	\$15,929,973	\$19,164,400	\$20,000,000
 <u>EXPENDITURES:</u>			
Overspent	-0-	-0-	-0-
Underspent	-0-	-0-	-0-
Funds returned	-0-	-0-	-0-
 <u>BUDGET BREAKDOWN</u>			
Personnel Cost	-0-	-0-	
Other Costs	-0-	-0-	
Service Cost:			
Food Formula	---	---	---
Food Stamps			

Child Care Food Program

The Child Care Food Programs is authorized by Section 17 of the National School Lunch Act to provide general cash assistance and other means to initiate, maintain, and expand nonprofit food service programs for children up to 12 years of age enrolled in nonresidential institutions which provide child care.

Sponsors include licensed public or private nonprofit organizations which provide nonresidential child care services for: day care centers, settlement homes, recreation centers, family day care homes, head start centers, institutions providing day care services for handicapped children and Title XX for profit centers under certain conditions.

Enrollment

In 1983, there were 179,141 children enrolled in day care centers and 86,108 children enrolled in family day care homes. Currently there are 179,150 children enrolled in day care centers and 86,116 children enrolled in family day care homes. In 1985, it is estimated that 180,200 children will be enrolled in day care centers and 86,500 in family day care homes.

Reimbursement is paid for all children enrolled in the programs. The rates for free and reduced price meals are paid for meals served to children from families whose income falls within the range of 130 and 185 percent respectively of the poverty guidelines. Based on the number of children approved for free and reduced price meals approximately 40 percent of the children enrolled in this program are at risk.

National Studies of the Child Nutrition Programs indicate that day care centers and homes which participate in the program serve significantly

better meals to children. The nutritional quality and variety are improved by including more milk, fruit, vegetables, juices, iron-rich foods and whole grains, and fewer sweets. Budget information is presented in Table 8.

Table 8

Child Care Food Program: Budget

ALLOCATION FORMULA:

Child Care Centers

Breakfast		Lunch/Supper		Supplements	
Paid	.0900	Paid	.1150	Paid	.0300
Free	.6275	Free	.2025	Free	.3300
Reduced	.3275	Reduced	.8025	Reduced	.1650
		Cash-in-Lieu-of-Commodities .1150 per lunch served			

<u>FUNDING:</u>	<u>1983</u>	<u>1984</u>	<u>1985(predicted)</u>
Federal	\$4,818,215	\$6,494,468	\$6,819,191
State	-0-	-0-	-0-
Local	N/A	N/A	N/A
Contributions	-0-	-0-	-0-
Total	\$4,818,215	\$6,494,468	\$6,819,191
 <u>EXPENDITURES:</u>	 \$4,818,215	 \$6,494,468	 \$6,819,191
Overspent	-0-	-0-	-0-
Underspent	-0-	-0-	-0-
Funds returned	-0-	-0-	-0-

BUDGET BREAKDOWN

Personnel Cost	-0-	-0-	-0-
Other Costs	\$4,818,215	\$6,494,468	\$6,819,191
Service Cost:			
Food Formula	---	---	---
Food Stamps			

Summer Food Service Program

The Summer Food Service Program is authorized by Section 13 of the National School Lunch Act which provides cash for food assistance and U.S.

Department of Agriculture donated commodities to sponsors of special summer or other school vacation programs providing food services similar to that available to children during the school year under the National School Lunch and School Breakfast programs.

Enrollment

Institutions eligible to sponsor the program include: (1) public school systems, (2) nonprofit private schools, (3) local, municipal, state or county governments, (4) camps, and (5) nonresidential institutions which provide year-round services to the community, or provide a food service to the children (50% must be eligible for free and reduced price meals) which do not otherwise have reasonable access to the program.

In 1983, 63,630 children participated in the program. Approximately 63,900 children participated in the program in 1984. It is estimated that 64,000 children will participate in the program in 1985.

Federal regulations require sponsors to provide documentation to substantiate the free and reduced price eligibility of fifty percent of the children enrolled in the facility. Once this criteria is met all children enrolled in the program qualify for free meals. Our best estimate is that ninety percent of the children who participate in this program are at risk. Budget information is detailed in Table 9.

Table 9

Summer Food Service Program: Budget

ALLOCATION FORMULA:	Reimbursement Rates Per Meal		
	Breakfast	.8150	
	Lunch/Supper	1.461	
	Supplement	.3850	
<u>FUNDING:</u>	<u>1983</u>	<u>1984</u>	<u>1985(predicted)</u>
Federal	\$1,512,834	\$1,852,347	\$1,949,839
State	-0-	-0-	-0-
Local	-0-	-0-	-0-
Contributions	-0-	-0-	-0-
Total	\$1,512,834	\$1,852,347	\$1,949,839
EXPENDITURES:	\$1,512,834	\$1,852,347	\$1,949,839
Overspent	-0-	-0-	-0-
Underspent	-0-	-0-	-0-
Funds returned	-0-	-0-	-0-
BUDGET BREAKDOWN			
Personnel Cost	\$ 41,179	\$ 46,382	\$ 49,164
Other Costs	1,471,655	1,805,965	1,900,675
Service Cost:			
Food Formula	---	---	---
Food Stamps			

Nutrition Education and Training Program

The Nutrition Education and Training Program is authorized under Section 19 of the Child Nutrition Act as amended. It is designed to expand nutrition education and training. The target populations include students, teachers, and food service personnel.

Public, nonprofit private schools, residential child care institutions, and day care centers which participate in the child nutrition programs are eligible.

In 1983, 212,799 children and 2412 teachers and food service workers received program benefits. It is estimated that in 1984, approximately the same number of children, teachers, and food service workers will receive program benefits. Because of the limited amount of federal funds available to administer this program it is not expected to expand in 1985. Budget information is detailed in Table 10.

Table 10

Nutrition Education and Training Program: Budget

ALLOCATION FORMULA: This formula is based on an amount of money per child. The amount of money per child is based on annual appropriations. The procedure is as follows: The number of children in the state enrolled in schools and residential child care institutions in relationship to the children enrolled in these programs nationwide.

<u>FUNDING:</u>	<u>1983</u>	<u>1984</u>	<u>1985(predicted)</u>
Federal	\$79,026	\$76,233	\$76,233
State	-0-	-0-	-0-
Local	-0-	-0-	-0-
Contributions	-0-	-0-	-0-
Total	\$79,026	\$76,233	\$76,233
 <u>EXPENDITURES:</u>	 \$79,026	 \$76,233	 \$76,233
Overspent	-0-	-0-	-0-
Underspent	-0-	-0-	-0-
Funds returned	-0-	-0-	-0-

BUDGET BREAKDOWN

Personnel Cost	-0-	\$11,000	\$ 9,000
Other Costs	\$79,026	65,000	67,233
Service Cost:			
Food Formula	---	---	---
Food Stamps			

Food Distribution Program (Emergency Food Assistance Program)

Surplus foods will be distributed to emergency feeding organizations during fiscal year 1984/85. Federal funds will be provided to assist in the payment of state storage and distribution costs.

To be eligible to receive foods under this program a family or individual must be identified as needy by meeting one of the following criteria or participate in one of the following programs:

1. Participate in welfare programs or receive Aid to Families with Dependent Children (AFDC) Program.
2. Participate in the Food Stamp Program.
3. Participate in Medicaid Program.
4. Participate in the Supplemental Security Income Program.
5. Income less than 150% of federal poverty guidelines, effective July 1, 1983 (depending on availability of food, this rate percent may change in the future).

Budget information is presented in Table 11.

Table 11

Food Distribution Program
Emergency Food Assistance Program
(Needy Families)
Budget

ALLOCATION FORMULA: States shall receive apportionments of funds based on the number of persons in the state in households with incomes below the poverty level (60%) and the number of unemployed persons in the state (40%).

<u>FUNDING:</u>	<u>1983</u>	<u>1984</u>	<u>1985(predicted)</u>
Federal	\$ 713,054	675,906	675,906
Cash Food Value	\$8,843,971	\$18,007,345	\$19,000,000
State	20,000	-0-	-0-
Local	-0-	-0-	-0-
Contributions	-0-	-0-	-0-
Total	\$9,576,625	\$17,007,345	\$19,000,000

EXPENDITURES:	\$ 569,246	\$ 675,906	\$ 675,906
Overspent	-0-	-0-	-0-
Underspent	-0-	-0-	-0-
Funds returned	\$ 143,808	-0-	-0-

BUDGET BREAKDOWN

Personnel Cost	-0-	\$ 27,200	\$ 27,200
Other Costs	\$ 569,246	\$ 684,706	\$ 648,706
Service Cost:			
Food Formula	---	---	---
Food Stamps			

State Administrative Expense Program

State administrative expense funds are authorized by Section 7 of the Child Nutrition Act. These funds are made available to the state agency for the administration of the Child Nutrition Program. Budget information is presented in Table 12.

Table 12

State Administrative Expense Program: Budget

<u>FUNDING:</u>	<u>1983</u>	<u>1984</u>	<u>1985(predicted)</u>
Federal	\$ 770,600	\$ 655,659	\$ 675,994
State	242,682	258,029	255,522
Local	-0-	-0-	-0-
Contributions	-0-	-0-	-0-
Total	\$1,013,282	\$ 913,688	\$ 931,516
 <u>EXPENDITURES:</u>	 \$1,013,282	 \$ 913,688	 \$ 931,516
Overspent	-0-	-0-	-0-
Underspent	-0-	-0-	-0-
Funds returned	-0-	-0-	-0-

BUDGET BREAKDOWN

Personnel Cost	\$ 736,510	\$ 704,676	\$ 724,256
Other Costs	276,772	209,012	207,260
Service Cost:			
Food Formula	---	---	---
Food Stamps			

Summary and Recommendations

The National School Lunch and the Child Nutrition Programs include the National School Lunch Program, School Breakfast Program, Food Distribution Program, Special Milk Program, Child Care Food Program, Summer Food Service Program, and the Nutrition Education and Training Program. Federal funding and food value in 1985 is expected to be \$69,612,158 for the above programs. In addition, state funding is projected to be \$4,987,605. The School Lunch Program serves approximately 300,000 youngsters daily while the Breakfast Program reaches approximately 31,000 youngsters each day. There are 683,491 children enrolled in the public schools in the state. Of this number 149,877 are currently eligible for free meals and 35,982 have been approved for reduced price meals for a total of only 27.2%. Each year the Maryland

State Department of Education enters into an agreement with the U.S. Department of Agriculture to administer these programs. They are administered by the Educational Support Services Branch within the Division of Administration and Finance.

1. Increase the number of children participating in the school breakfast program from the current levels of 17.4% and 4.5% for free and reduced price breakfast, respectively.

School breakfast participation is very low. An average of only 17.4% of the students approved for free lunches and only 4.5% of those approved for reduced price lunches participate in the Breakfast Program. Federal reimbursement is approximately \$.70 and \$.40 respectively for free and reduced price breakfasts. If all children, approved to receive a free lunch, at a breakfast each day, the state would be entitled to receive approximately \$15,000,000 in additional federal funds. Likewise, if all children, approved to receive a reduced price lunch, ate a breakfast each day, the state would be entitled to receive approximately \$2,500,000 in additional funds. The receipt of these additional federal funds would assume that \$2,063,922 will be made available in state funds and \$10,817,802 in local funds.

2. Increase participation in the lunch program for free and reduced price meals.

Eighty-two percent of children approved for free lunch participate in the program and 56% of those approved for reduced price lunches participate in the program. Federal reimbursement is \$1.2025 per

child/day plus a food value of \$.1150 for each lunch served. If all children approved to receive a free lunch were in attendance at school and ate a lunch each day, the state would be entitled to receive approximately \$5,750,000 in additional federal funds. Likewise, if all children approved to receive a reduced price lunch were in attendance and ate a lunch each day, the state would be entitled to receive approximately \$2,000,000 in additional funds. The receipt of these additional federal funds would assume that \$1,350,688 will be made available in state funds and \$1,543,644 in local funds.

3. Provide state funds to reduce the charge for a reduced price lunch and breakfast.

An option available to the state is to subsidize the reduced price cost of \$.40 and \$.30 for lunch and breakfast respectively; state adoption of a fully subsidized program for this group of children while waiting for the passage of federal legislation would ensure improved nutrition of school children while capturing the federal reimbursement identified above.

4. Provide state funds for the Food Distribution Program to help with the cost of warehousing food and moving food from the state warehouse to the sponsor.

Charges are now made to the program sponsors. This program provides food for the preparation of meals served to individuals participating in the National School Lunch, Child Care, and Summer Food Service Program. In addition, food is provided to charitable

institutions who are nonpenal, noneducational public institutions and noneducational, tax exempt private institutions organized for charitable or public welfare purposes.

5. Emphasis be placed on nutrition education and training of children, teachers and food service workers.
6. Initiate legislation to restrict the sale of competitive foods during the school feeding hours in Maryland.
7. Maximize school feeding programs through new marketing techniques and positive public information campaign.
8. Cooperate with other State Agencies who administer nutrition programs for "high risk" children to secure their support in encouraging families who have children eligible for free and reduced price meals to make an application for this service.
9. Congressional support in 1985 for the following amendments to the Child Nutrition Act:
 - a) Increase school breakfast reimbursement by 6¢ and require the Secretary of Agriculture to improve the nutritional quality of school breakfasts.
 - b) Raise eligibility level for reduced-price school meals to 195% of poverty.
 - c) Increase the subsidy for reduced-price breakfast and lunch by 15¢ for breakfast.
 - d) Restore federal subsidy for an additional meal and snack for day care meals under the Child Care Food Programs.
 - e) Restore eligibility to private nonprofit sponsors in the Summer Food Program.

NUTRITION PROGRAMS FOR THE ELDERLY

Title III of the Older Americans Act, a federal program, has as its primary objective the development of comprehensive and coordinated community-based health and social service systems to foster independent living among older Americans. Services provided by Title III to meet this objective include congregate and home delivered meals, information and referral, outreach, transportation, legal guidance, employment information, escort, counseling, adult day care, education, home health care, homemaker support, recreation and physical fitness.

Community-based long term care can be defined as a coordinated continuum of diagnostic, therapeutic, rehabilitative, supportive, and maintenance services that address the health, social, and personal care needs of individuals who have restricted self care capabilities. Nutrition is a critical component of community care. A continuum of nutrition care provides nutrition services targeted to individual needs so that people are neither underserved, nor overserved. The continuum begins with an individual who is healthy, independent and has sufficient social contact. With decreased physical strength, declining social contact and/or limited financial resources, elderly no longer have the motivation or ability to shop or prepare nutritious meals. Such an individual will gradually begin substituting convenience foods or omitting food preparation altogether leading to the "tea and toast syndrome" if intervention does not occur. Individuals experiencing these problems require support services. In order to deal with the requirements for a continuum of care, the Older American Acts was revised in 1973 to establish a congregate nutrition program throughout the United States.

Program Profile

The congregate nutrition program began in Maryland in 1972 with 3 projects established to test the program concepts. The overwhelming success of these pilot projects and others throughout the country led to the funding of the nutrition program for the elderly nationwide. The program provides 1/3 of the recommended dietary allowances based on the Recommended Daily Allowance of Nutrients for the older citizen (51-75 years) and is served to individuals aged 60 and over. The younger spouse of an individual age 60 is also eligible for the program. Throughout the State of Maryland, 264 nutrition sites are located in schools, churches and community and senior centers providing nutrition and supportive service.

Table 1

<u>Type of Facility</u>	<u>Number</u>
Multi-purpose Senior Center	67
Religious Facility	62
School	20
Public or Low Income Housing	37
Restaurant	5
Other (*clubs, recreation halls, etc.)	<u>73</u>
Total	264

There is another essential component of senior center and nutrition site operation that includes social, health and recreational programs aimed at maintaining the overall well-being of the participants. These facilities provide information and referral services, arrange for transportation, conduct outreach, offer continuing education, physical fitness, counseling, social and recreational activities as well as health related services. They also take applications for fuel assistance, distribute surplus butter and

cheese, offer taxpayer assistance. In FY 1984 over 2,000,000 units of these supportive services will be provided to participants at senior centers and nutrition sites.

Eligibility

All seniors 60 and over are eligible to receive meals. The under age 60 spouse may attend. Disabled and handicapped who reside in housing facilities occupied primarily by the elderly at which congregate nutrition services are provided are eligible although they are not yet 60. The program is not an entitlement program. Home-bound seniors age 60 and their spouse are eligible. Individuals who volunteer in the nutrition program during meal hours and are at 100% of the poverty index are eligible.

Although there is no means test to qualify for the program, the program is targeted to older individuals at nutritional and social risk. This category includes inadequate income, minority status, social isolation, frailty, old age, chronic health problems, lack of family support, and inability to get out of the house due to physical disabilities or neighborhood safety concerns. Because of inadequate diets, malnutrition cuts across all social levels in the older population. Income means testing for nutrition service eligibility is not recommended.

Demographic Profile

As might be expected of a program designed for people 60 years and over, seven out of ten participants are women. Three-fourths of the women are without mates, primarily due to widowhood, and slightly over half of these live alone. More than half of the women participants have incomes of less than \$250 per month, including the income of the husband, when present.

Twice the number of enrolled men are married. Their incomes are generally higher, due in part to larger social security benefits for couples. Men report more physical activity than women. Though only a handful are employed, over half go out daily on some errand or engagement, and make up the majority of participants who own and drive cars.

Interviews with a representative sample of those enrolled in Maryland's meals program shows that most participants are poor. Of the 30% currently married, two-thirds have incomes under \$400 per month, and of those not currently married two-thirds report incomes of less than \$250 per month. About 3 out of 10 participants are black. They are more concentrated than are whites in Maryland's two major metropolitan areas. Two-thirds of the black participants have less than an eighth grade education and incomes of less than \$250 per month, compared with fewer than half of the whites. Fewer than one in five uses food stamps; one-third are not eligible and the same proportion do not know whether or not they are eligible. Food stamp use is twice as frequent among blacks as among whites (27% vs. 14%). Blacks are less likely to live alone and more likely than other participants to live in a multi-generation household with or without children or grandchildren.

Enrollees equally report learning of the lunch program through personal acquaintances and through agency outreach. Outreach programs were, however, more effective among blacks. Nearly one-third of enrollees have attended for two years or since the program's inception, one-third say they usually attend five days a week; somewhat fewer (29%) go only one or two days. The social experience is the most frequently cited reason for program

participation. One-fifth of the participants credit the program with improving their outlook and spirits, and almost as many cite nutritional benefits in improving their health. Women emphasize improved mental outlook, men their physical improvement. The number of percentage of elderly above and below poverty level by county is detailed in Table 2.

Nutritional Status

To determine the effects of the Nutrition Program for the elderly in Maryland, a survey of participants in the nutrition program and non-participants was conducted by the Office on Aging. The survey included a fifty-one question questionnaire administered by a trained interviewer and a three day food intake diary. The diary was field tested and also checked with the representative of the Baltimore City Hospital Gerontology Center diet evaluation team responsible for the processing of the food diaries. Participants and non-participants were given instructions by the interviewers to keep a three day diary of their intake of food. The interviewing was conducted from 7/30/75 to 8/29/75. In all, 241 participants and 244 non-participants returned the three day food diaries interviewers left with them at the time of the interview. Of these, the diaries of 182 participants and 154 non-participants were complete enough to provide usable information for analysis.

The caloric intake for non-participants and participants was below the RDA, as was the intake of calcium, Vitamin A and ascorbic acid. Iron was within the normal range. The intake of polyunsaturated fatty acids is significantly higher when compared to the intake of saturated fatty acids. For all groups, white male participants have the highest intake of nutrients

Table 2

STATE OF MARYLAND
NUMBER AND PERCENTAGE OF ELDERLY PERSONS AND
ELDERLY POOR PERSONS BY COUNTY

JURISDICTIONS	TOTAL STATE POPULATION 60+ (1980)	PERCENT OF TOTAL STATE POPULATION 60+ (1980)	TOTAL STATE POPULATION 60+ (1985)	PERCENT OF STATE POPULATION 60+ (1985)	STATE POOR POPULATION 60+ (1980)	COUNTY POOR 60+ AS PERCENT OF STATE POOR 60+ (1980)
Allegany	17,078	3.0	17,541	2.7	2,199	3.5
Anne Arundel	38,537	6.7	46,794	7.2	2,984	4.7
Baltimore	103,326	17.9	122,418	18.8	5,867	9.3
Calvert	4,254	.7	4,781	.7	397	.6
Caroline	4,399	.8	4,586	.7	931	1.5
Carroll	12,615	2.2	14,341	2.2	1,229	1.9
Cecil	8,085	1.4	9,489	1.5	977	1.5
Charles	6,073	1.1	7,220	1.1	914	1.4
Dorchester	6,543	1.1	7,004	1.1	1,131	1.8
Frederick	14,428	2.5	15,977	2.4	1,810	2.9
Garrett	4,344	.8	4,754	.7	877	1.4
Harford	14,210	2.5	17,423	2.7	1,357	2.1
Howard	9,435	1.6	12,139	1.9	555	.9
Kent	3,458	.6	3,751	.6	609	1.0
Montgomery	75,837	13.2	93,450	14.4	3,190	5.0
Prince George's	56,990	9.9	68,048	10.5	4,478	7.1
Queen Anne's	4,461	.8	5,084	.8	561	.9
St. Mary's	5,900	1.0	7,408	1.1	1,146	1.8
Somerset	4,056	.7	4,031	.6	865	1.4
Talbot	6,137	1.1	6,623	1.0	707	1.1
Washington	18,816	3.3	20,839	3.2	2,505	4.0
Wicomico	10,807	1.9	11,890	1.8	1,613	2.5
Worcester	6,043	1.1	6,770	1.0	968	1.5
Baltimore City	140,157	24.3	138,262	21.3	25,525	40.3
TOTAL	575,989	100.0	650,623	100.0	63,395	100.

with the exception of protein and Vitamin A when female participants have a higher intake.

Participants have a significantly higher intake of calories, protein, calcium, and iron. Black male participants and non-participants have the lowest intake of nutrients of the groups. All subjects report a lower calorie and calcium intake than recommended. Nevertheless, participants do benefit from the program.

Table 3

Reported Energy and Selected Nutrient Intake Between
Non Participants and Participants in a Selected Survey in Maryland

	Calories	Protein gm	Vitamin A IU	Saturated Fatty Acid gm	Unsaturated Fatty Acid gm	Linoleic Acid gm	Linolenic Acid gm	Iron gm	Ascorbic Acid mg	Calcium mg	Thiamin mg
Non-participants	1487	63	7383	24	33	6	.325	10.2	110	552	.94
Participants	1640	71	9382	28	36	5	.287	10.8	120	677	1.09
*Home Participants	1463	64	7791	24	33	5	.270	9.9	103	554	.94
Everyone	1531	66	8120	25	34	5	.30	10.3	112	593	.99

RDA's

Males	51+	1650-2800	56	1000				10	60	800	1.2
Females	51+	1200-2200	44	800				10	60	800	1.0

*Enrolled in program - not participating day of study.

In addition to the Maryland study, national data confirm the fact that it is important to emphasize the following nutrients in recommending food and planning meals for older individuals: 1) Calories: Recognizing that on a national basis, 32% of the elderly studied consume fewer than 1200

kilocalories per day, 2) Protein: Use of medication, recent surgery, and chronic illness appear to increase the need for protein, 3) Calcium: One of the nutrients most frequently lacking in the diets of older women, and is associated with osteoporosis. In the Maryland study, only 65% of congregate participants, and 58% of home delivered meals recipients were receiving 2/3 of the RDA for calcium. It is worth remembering that of the billion dollars spent each year to heal hip fractures, 90% is for women over 60, 4) Vitamin A: Inadequate intake was reported for 30% of the congregate participants and 36% of home-delivered meal recipients, 5) Iron: Nationally anemia is a nutrition related problem among older people, 6) Vitamin C is important for iron absorption and is reported to improve with nutrition program participation, 7) B Vitamins: are important for neurological functions and deficiencies in certain B vitamins, (Folacin, B-12) may contribute to a type of anemia in older individuals, and 8) Zinc is important in healing wounds, taste acuity and immune functions. The elderly are reported consuming only 60% of the RDA for zinc.

Menu Planning

In order to assure that the nutrition program for the elderly offers 1/3 of the recommended dietary allowances, the menus for the State of Maryland are approved by the State Office on Aging registered dietitians. The menus are calculated for nutrient content and corrected so that it can be assured that the menus are offering the correct calorie and vitamin content. In several of the projects, the dietitians from the state office go to the project and plan the menu with the caterer, i.e. school food service, profit making caterers, etc. Although the nutrition program for

the elderly has two qualified dietitians at the state level, the number of registered dietitians in the program throughout the state is two. Nutrition education is conducted by the local health department nutritionist, extension service personnel in the various counties, faculty from the community colleges, and efforts of the two dietitians in the state office.

Nutrition education for the elderly needs to be expanded to: 1) Reduce the need for rehospitalization because of malnutrition (e.g. oncology patient) uncontrolled diabetes, salt restriction, 2) Preventing fractures due to weakness related to osteoporosis, 3) Delaying kidney dialysis treatment, 4) Preventing food poisoning from improper food sanitation, 5) Permitting earlier discharge of patients with enteral feedings (especially when difficult home environments prohibit proper care), 6) Assisting the individual to understand and use new technologies such as enteral nutrition "home kits" and equipment thus preventing or delaying reinstitutionalization, 7) Hastening the healing of post-operative patients, and 8) Using a trained professional is more efficient and accurate in the adjustment and readjustment of individualized diets.

Federal laws and regulations permit Medicare coverage of nutrition services provided by dietitians in hospitals, skilled nursing facilities, intermediate care facilities, state renal disease dialysis centers, and hospice programs. Direct payment through medicare for dietitians rendering direct service in home health agencies is not reimbursable, thus disrupting the availability of direct nutrition services in the continuum of care.

Meal Service

Participation in congregate meal service is an appropriate form of nutrition care for the elderly. At least 1/3 of the RDA is provided through one hot meal. Socializing, and nutrition education activities can provide the motivation necessary to prepare other meals. The financial strain for many of the elderly is reduced by the congregate meal program. Individuals requiring additional financial support can be helped to obtain food stamps or other income supplements. In addition, the nutrition education provides a powerful tool to teach people how to make the most out of their food dollars.

As the elderly become more frail, limited access to food shopping or inability to carry groceries may become a major factor in obtaining enough food. Individuals who live in inner city areas lacking transportation may be dependent on the small corner grocery stores that have high prices and limited selections. Individuals in rural areas may no longer be able to maintain gardens or animals that previously provided a source of vegetables, fruit, and fresh meat. A combination of transportation services to ensure participation in congregate meals and transportation to and assistance with food shopping can help these people stay in the community. When physical or mild mental impairment eliminate ability to food shop, the individual can be encouraged to attend congregate meals to prevent isolation. Food shopping services or delivery of basic food supplied on a regular schedule can serve to provide food for other meals. These services are organized in the Title III congregate program, a volunteer organization such as a church group, or cooperation of food store and volunteer coordinators.

Most people can live on their own and survive with one congregate or home-delivered meal as long as they obtain adequate food for remaining meals. If a community-based health care network is to succeed, programs that operate only on weekdays need to find a mechanism to ensure weekend meals for people who have no other source of food. Some individuals may require a combination of congregate meals and frozen, chilled or shelf stable foods that can be taken home. Some participants may require food supplies for all meals and coordination of volunteers or neighbors to ensure intake beyond the one meal delivery. When physical or mental health prevents an individual from participating in congregate meals, home delivered meals can be furnished by the Title III-C2 or Meals on Wheels programs. Participation levels in both the congregate meals and home delivered programs and the number of meals served is outlined in Table 4.

Table 4

The number of participants and meals served in
Congregate and Home Delivered Programs

	<u>1982</u>	<u>1983</u>	<u>1984</u>
Population Served	30,730	32,867	37,974
White	20,325	22,251	25,708
Minority	10,405	10,616	12,266
Congregate Meals	2,170,766	2,190,914	2,236,948
Home Delivered Meals	446,098	503,866	530,076

Modification of Meal Service

Significant cost savings can be realized with assessment and provision of the proper level of service. Not all participants require hot meal delivery. An individual may still be able to prepare basic food items if

provided with nutrition education on safe and easy meal preparation and motivation to maintain intake at home. Individuals who can safely reheat foods in a toaster oven may be able to receive a combination of prepared frozen and shelf stable foods every 2 weeks or once a month depending on freezer space. Chilled prepared food items allow alternate day or third day delivery. A home health aide can assist in meal preparation.

When an individual can no longer safely heat foods, hot delivery of one meal with cold meal packages, may allow an individual to remain in the community. Coordination of family, neighbors, volunteers and/or home health aides may provide adequate supervision. Adult day care programs are another alternative to institutionalization. These programs can be used on an occasional basis to provide a much needed break for families, friends or other caregivers.

Limited socialization can be a major obstacle to adequate intake that should not be treated with daily delivery. Volunteer or paid drivers do not have enough time to chat with everyone without endangering the food safety and quality of other meals in their route. Instead, programs like friendly visitors or telephone reassurance offered by churches or local groups can provide needed social contact and check-up service.

When severe physical or mental debilitation occurs, hospice programs furnish dietary counseling. Unfortunately, dietitians in the home health setting are not reimbursed by Medicare, so very few agencies can afford registered dietitian's home visits. Instead most dietitians employed by home health agencies teach nurses and aides how to cope with complex nutrition problems.

Geographic Sites

Each project serves a specific geographic area. Nutrition sites are located where eligible populations of elderly are aggregated. This reflects an effort to cut down on transportation cost wherever possible. Many of the sites are furnished free to the nutrition program and are counted as part of the 10% match for federal funds. Numbers and location of those target groups, eligible individuals determined to be in greatest need with special emphasis on those individuals whose income is below the poverty threshold established by the Department of Labor and minority group individuals who may reside in the project area, have been identified. The program is designed for effectively meeting the nutrient and supporting service needs of such individuals. All congregate meal sites and programs must: 1) Have an individual who is responsible for all activities at the site, 2) Provide hot meals five or more days each week, except in sparsely populated rural areas, 3) Be accessible, preferably within walking distance, to the target group eligible individuals, 4) Be clean, neat, and meet all applicable health, fire, safety, and sanitation regulations, 5) Assure an atmosphere appropriate for pleasant dining and to encourage maximum socialization, and have adequate lighting and ventilation with separation between the dining area and the food preparation area and be free of architectural barriers which limit the participation of older persons, and make special provisions for the service of meals to handicapped individuals, and 6) The location of the facility should not offend the cultural and ethnic preferences of the eligible individuals in the project area.

Funding

The allocation formula used in Maryland does allow for poverty. Poverty is defined as anyone at or below 100% of the poverty index established by the Department of Labor. Funds are allocated to 18 Area Agencies on Aging on the basis of 50% elderly poor and 50% elderly to the state's total population of elderly. Table 2 shows the number of poor 60+ people according to the 1980 census.

Table 5 shows the allocation of federal, state funds, commodity support, and the local input as well as contributions for the program. The nutrition program for the elderly is unique in that participants may make a contribution towards the cost of the meal. The contribution is collected in a private manner so that no one knows what the contribution of the individual has been. Maryland leads the region in contributions given by participants. We have had several federal initiatives asking us to increase the contribution as a way of giving more services to more individuals. The last drive resulted in more contributions but also noted that a number of poor people stopped coming as often to the program because they were unable to make a contribution. This has been brought to the attention of the regional office. Each of the 18 projects in Maryland has an advisory committee made up of 50% of the participants and 50% of other individuals in the congregate program. The amount of contributions, the manner of contributions, site decor and menus are checked with the advisory committee so that there is input into the program at the local level. The policy of the nutrition program for the elderly has been to use the contributions to supply more meals. This has meant that we have been able to serve more individuals because of the contributions.

Table 5

<u>Funding</u>	<u>1983</u>	<u>1984</u>	<u>1985 Predicted</u>
Federal	\$ 7,445,376	\$ 7,473,914	\$ 7,703,914
State	437,963	439,642	439,642
Local	875,927	879,284	879,284
Contributions	1,352,428	1,352,452	1,352,452
Commodity Support	<u>1,849,550</u>	<u>1,995,366</u>	<u>1,995,366</u>
Total	\$11,961,268	\$12,140,658	\$12,370,658
Underspent	0	0	0

Budget Breakdown

	<u>1983</u>	<u>1984</u>	<u>1985</u>
Personnel Costs -			
Support Services	\$1,582,748	\$1,632,656	\$1,688,771
Other Costs	861,454	645,711	622,021
*Meal Costs	7,008,291	* 8,095,891	* 8,276,466
Consumers-Served (No.)	32,867	37,974	39,000

*Personnel costs associated with meal service are included.

\$1,582,748	\$1,632,656	\$1,688,711
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Administration

The allocation of federal funds for the nutrition program for the elderly comes from the federal government based on the total population of 60+ to the nation's total population of 60+. The State of Maryland receives 1.62% of the allocation for the Older Americans Act programs. A state plan is submitted to obtain this money. The state plan is a composite of 18 area agency plans that detail expenditures of the funds and the programs that are offered.

The nutrition program for the elderly is centered in the 18 area agencies that cover every county throughout the state. The area agency is

responsible for the operation of the program. The State Office on Aging monitors the nutrition program each quarter. This includes budgetary expenditures, proper sanitation of food service, and proper program. Competitive bidding is used to obtain the best possible price for food service. Six of the area agencies contract with school food service; one area agency contracts with the Church of the Brethren; one gets its food from the state hospital system; the others receive their food through profit making caterers. The state nutrition programs for the elderly are judged nationwide on a productivity factor. The State of Maryland has the highest rating of the states in U.S. Public Health Service Region III and ranks 20th in the nation.

Administration of the program ranks first in productivity in U.S. Public Health Region III and 20th in the nation. Constant attention to menu planning; streamlining use of paid employees; increasing use of volunteers; reducing administrative costs, and competitive bidding on contracts have maintained productivity. Four-thousand three-hundred and twenty-seven (4,327) volunteers help with the program as drivers, servers and programmers. Area Agencies on Aging may take 8.5% of the Older Americans Act Funds for administration, yet these costs average 7.0% in Maryland.

Private Sector coordination is in place with some 27 Meals on Wheels organizations identified by the Office on Aging throughout the state. Where feasible the area agencies at the local level contract with the Meals on Wheels organization one to two meals home delivered to the elderly. The local area agencies on aging make commodity reimbursement of .565 cents a meal available to the Meals on Wheels organizations for all those meals

served that meet one-third of the recommended dietary allowances. In addition to the home delivered meals served with III C funds approximately 500,000 meals are served yearly by the private sector.

Predictions for Services to Aging Population

Planning for the increase in the aging population must consider the abilities of the older individual for self-care and self-maintenance.

The most reliable and valid method describing ability for self-care and self-maintenance has been shown to be the measure of an individual's performance of activities of daily living. Activities of Daily Living (ADL's) are those activities which people perform habitually and universally. The ability to perform ADL's reflect both physical and mental health and their measurement is considered essential to care planning.

Different tools have been designed to test ADL performance. Some tools measure Physical ADL's, i.e. those that relate to self-management tasks; others measure Instrumental ADL's those that indicate ability to relate to one's environment. Physical ADL's may include: bathing, dressing, eating, toileting, transferring and grooming. Instrumental ADL's include activities necessary for household management, e.g. using the telephone, shopping, preparing meals, performing housework, taking medications and managing personal finances.

Table 6

State of Maryland
Changes in Elderly Population

	<u>1970*</u>		<u>1980*</u>		<u>1990**</u>	
			Number	% Increase	Number	% Increase
Total Population	3,945,981		4,216,941	6.8%	4,535,456	7.6%
60+ Population	446,513		575,989	29.0%	714,405	24.0%
65+ Population	301,583		395,609	31.1%	516,312	30.5%
75+ Population	108,274		148,400	37.0%	206,570	39.2%
85+ Population	21,138		32,665	54.6%	50,621	55.0%

*U.S. Bureau of the Census data.

**Projected October, 1982 Estimates, Maryland Department of State Planning.

Table 7

Estimate of the Number of Elderly Poor and the Percentage
Moderately or Severely Disabled (1980 Census)

Maryland	<u>Age 60+</u>	<u>Age 65+</u>
Total	550,000	372,000
Number poor	62,000	48,000
% poor	11.3	12.9
Total Population		408,561
Disability	Age 65-74	75+
Moderately disabled	10,295 (4.0%)	18,958 (12.6%)
Severely disabled	11,952 (4.6%)	19,850 (13.2%)

Home-delivered meals and other in-home services will prevent institutionalization. The Office will continue to develop alternate systems for home-delivered meals, in order to reach more at risk population by investigating, i.e.: 1) Daily versus biweekly delivery including weekend coverage, 2) Utilization of frozen, dehydrated and other shelf stable foods,

3) Increase participation level of the neediest segment of the population by innovative use of existing resources (one or two meals), 4) Develop closer coordination with in-home service providers so that home-delivered meals relieve care providers from meal preparation and shopping, and 5) Study feasibility of using the mails to reach isolated participants with food.

It is recommended that state funds be made available to achieve an increase in service to the elderly poor.

Summary and Recommendations

1. Establish cooperative relationship between WIC and the elderly nutrition program.
 - a. Tie-in with purchase and delivery of groceries, etc., where this type of service is available. Program could be called "Twice" as person could be served as infant and as older individual. (Pilot programs of this nature have been established in three cities -- nearest one in New Jersey.)
2. Consistent with general recommendations age related statistics would be most useful in targeting services to the elderly.
3. Improve coordination of transportation resources at all levels of government providing accessibility to meals, shopping, socialization and health care.
4. Develop alternate systems for home-delivered meals, i.e.:
 - a. Daily versus biweekly delivery including weekend coverage.
 - b. Utilization of frozen, dehydrated and other shelf stable foods.
 - c. Increase participation level of the neediest segment of the population by innovative use of existing resources (one or two meals).

- d. Develop closer coordination with in-home service providers so that home-delivered meals relieve care providers from meal preparation and shopping.
- e. Study feasibility of using the mails (mailing shelf stable foods) to reach isolated participants.

As the elderly become more frail, the number of home-delivered meals needs to be increased. The estimated state funds required to achieve a 5% annual increase of home-delivered meals to the severely disabled poor is at a cost of \$48,933 in state funds. (Chart A)

- 5. Implement a commodity distribution program for the elderly.
- 6. Consider recommendation that the program become an entitlement program.
- 7. Encourage more effective use of professionals at local level to develop nutrition education programs for the elderly.
- 8. Provide state funds for gap-filling areas created by inadequate federal funds:
 - a. Reach more eligible participants.
 - b. Keep sites open 5 days week provide meals where needed for weekends.
 - c. Provide special diets.
- 9. Investigate the use of school cafeterias as feeding sites for the elderly.
- 10. Establish pick-up sites for the elderly where an individual may pick up food to take to a home-bound elderly individual.
- 11. Increase participation of elderly poor by 5% in the congregate meals program - Chart B and C. This would require state funding in the

amount of \$229,028 and result in an additional 1,512 elderly poor served. It is recommended that state funds be made available to achieve an increase in service to the elderly poor.

CHART A

STATE OF MARYLAND
 ESTIMATES OF THE NON-INSTITUTIONALIZED ELDERLY 65 AND OLDER
 WHO WILL RECEIVE HOME DELIVERED MEALS (TITLE III-C)
 1984 - 1990 AND 2000

	PERSONS									
	1984	1985	1986	1987	1988	1989	1990	2000		
TOTAL PERSONS ESTIMATED	1645	1694	1744	1797	1853	1911	1972	3214		
ADDITIONAL PERSONS PER YEAR		49	50	53	56	58	61	99	(10 year interval)	
² NUMBER OF C² MEALS PROJECTED 1984 - 1990 AND 2000										
	1984	1985	1986	1987	1988	1989	1990	2000		
TOTAL MEALS PROJECTED	477,411	501,282	525,152	551,409	578,979	607,927	638,323	1,039,761		
¹ ADDITIONAL MEALS PER YEAR		23,870	26,257	27,570	28,948	30,396	31,916	51,987	(10 year interval)	
³ COST OF MEAL		\$2.05	\$2.15	\$2.25	\$2.35	\$2.45	\$2.55	\$4.15		
⁴ ADDITIONAL FOODS RECEIVED		\$48,933	\$56,542	\$62,032	\$68,027	\$74,470	\$81,305	\$215,746		

¹This figure represents 5% of the estimated annual number of severely disabled elderly 65 yrs. and older.

²An increase of 5% per year is estimated for the number of meals projected.

³The meal cost reflects an estimated annual increase of approximately 5%.

⁴These funds are in addition to the appropriated Federal funds.

⁵Total cost would be \$35,487 with commodity reimbursement.

September, 1984

CHART B

C¹ MEAL PROJECTIONS

MEALS EXPENDITURES

Area Agency	FY 84 Actual 3rd Quarter	*FY 84 PROJECTION	**FY 85 ESTIMATE
Allegany County	\$ 91,365	\$ 84,536	\$ 88,763
Anne Arundel County	69,910	93,213	97,874
Baltimore City	709,098	945,464	992,737
Baltimore County	178,294	237,725	249,611
Calvert County	12,476	16,635	17,467
Carroll County	30,603	40,804	42,844
Charles County	7,707	10,276	10,790
Frederick County	51,604	68,805	72,245
Garrett County	7,445	9,927	10,423
Harford County	19,734	26,312	27,628
Howard County	14,847	19,796	20,786
MAC - Lower Shore	83,766	111,688	117,272
Montgomery County	181,137	241,516	253,592
Prince George's County	117,540	156,720	164,556
Queen Anne's County	9,986	13,315	13,981
St. Mary's County	31,463	41,951	44,049
Upper Shore Aging	37,432	49,909	52,404
Washington County	51,267	68,356	71,774
TOTAL	2,389,363	1,677,711	2,348,796

*FY 84 Projection calculated by dividing 3rd Quarter by 3 and multiplying by 4.

**This figure reflects an increase of 5% over FY 1984 representing \$11,848 additional meals x \$2.05 per meal = \$229,288. Commodity reimbursement of .565/per meal reduces the state funds required to \$166,094.

CHART C
C² MEAL PROJECTIONS
PERSONS (60+)

Area Agency	FY 84 Projection	FY 85 Estimate (5% Increase)	FY 84 Projection	FY 85 Estimate 5% (Increase)	Meal Projections X 2.05=Cost
Allegany County	128	134	39,985	41,984	\$ 86,067
Anne Arundel County	69	72	27,328	28,694	58,823
Baltimore City	290	304	125,520	131,796	270,182
Baltimore County	156	164	52,441	55,063	112,879
Calvert county	32	34	4,448	4,670	9,573
Carroll County	35	37	11,096	11,651	23,885
Charles County	26	27	5,917	6,213	12,737
Frederick County	68	71	10,567	11,095	22,745
Garrett County	69	72	3,015	3,166	6,490
Harford County	24	25	11,419	11,990	24,579
Howard County	19	20	5,475	5,749	11,785
Lower Shore	364	382	56,551	59,379	121,727
Montgomery County	224	235	39,987	41,986	86,071
Prince George's County	220	231	64,223	67,434	138,240
Queen Anne's County	41	43	7,476	7,850	16,092
St. Mary's County	80	84	18,699	19,634	40,250
Upper Shore Aging	136	143	24,660	25,893	53,081
Washington County	104	109	21,269	22,332	45,781
TOTAL	2,085	2,187	530,076	556,579	
<p align="center">Additional C² Clients FY 85 - 102</p> <p align="center">Additional C² Meals - 26,504 X 2.05 \$54,333</p>					

THE WIC PROGRAM

The U.S. Department of Agriculture administered Special Supplemental Food Program for Women, Infants, and Children (WIC) provides highly nutritious food to low income pregnant women, infants, and children at nutritional risk. The WIC program in Maryland is administered through the Department of Health and Mental Hygiene. The program is funded for Federal Fiscal Year 1984 by the U.S. Department of Agriculture at \$19.9 million. These funds are mandated by law to be spent in a ratio of 80% food, and 20% for administration (general administration, clinical services and nutrition education). One-sixth of the non-food costs must be spent on nutrition education services. It is one of the few federal grant programs which has not experienced budget reductions in recent years.

The Department of Health and Mental Hygiene distributes federal funds to the Local Agencies primarily through the DHMH Grant Award process. Each Local Agency submits on a semi-annual basis, to the Department, a Grant Application/Budget Request. These requests follow guidelines established by the programs which were developed through consultation with the Local Agencies.

Local Programs

Five local agencies currently deliver food to their participants through a direct home delivery mode. In these agencies, funds for food purchase are provided based on estimation of the number of persons to be served during the time period. In the remaining fourteen local agencies, food is provided through a Retail Purchase mode, where participants obtain food from a retail vendor who has been approved to accept Program vouchers.

In this mode, the Department maintains a commercial checking account exclusively for voucher redemption; and no food funds are provided to the Local Agency. Local agencies are selected for participation in the program based on federal criteria.

Priority is given to those agencies which can provide both health services and administrative support to the program. Additionally, preference is shown to an organization which can provide services efficiently to all eligible persons within the geographic area. In Maryland, the Local Health Departments best meet these criteria. Local agencies are awarded administrative funds on a negotiated budget basis. Each local agency is required to submit a proposed budget detailing its need for funds on the basis of staff requirements, caseload, and proposed services to participants.

Program Eligibility

Guidelines to determine eligibility for the program are included in the WIC regulations. In order to be eligible for the program a person must be an infant, a child who has not reached his fifth birthday, or a woman who is pregnant within six months of the termination of pregnancy if not breastfeeding, or one year if breastfeeding, and meet the following three criteria: 1) Live in an area where the program services are offered (as of July 1, 1983 all Maryland subdivisions have had a program.), 2) Have a family income less than 185% of the poverty level as established by the Director of the Office of Management and Budget on July 1 of each year; this level is currently \$18,315 per year for a family of four. In addition, the applicant must be determined by a competent professional (physician, nurse,

or nutritionist) on the staff of the local agency to be at nutritional risk. Nutritional risk is defined in the Federal Regulations as: "1) Detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements; 2) Other documented nutritionally related medical conditions; 3) Dietary deficiencies that impair or endanger health; or 4) Conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions." Federal Program Regulations require that the risk codes be divided into six major priorities. The State Agency may then subdivide these priorities at its discretion. The use of the prioritization occurs when food dollars are not adequate to provide benefits to all eligible persons who apply to the program. At that time, those persons who are being certified or recertified and who have the highest priority are admitted to the program to receive benefits. Those with the lowest priorities are placed on a waiting list until such time as additional funds become available.

Eligible Population

The estimated number of Maryland residents as prepared by the Department of Health and Mental Hygiene eligible for participation in the WIC program based on 1980 vital statistics and earlier income data is shown in Table 1.

Table 1

Estimated Eligible WIC Population

Women	14,819
Infants	20,067
Children	72,943
Total	107,829

The derivation of the above figures is based on the percentage of the population below 200% of the poverty level, times the proportion of individuals meeting the nutritional need criteria. The estimated eligible population by County is given in Table 2.

Table 2

Maryland WIC Program - Estimated Eligible Population by County
Utilizing 1980 Population Data

Area	Women	Infants	Children	Total
Allegany	194	326	1,234	1,754
Anne Arundel	1,122	1,799	6,730	9,651
Baltimore	1,530	2,709	9,494	13,733
Calvert	145	202	721	1,068
Caroline	88	102	442	632
Carroll	243	459	1,743	2,445
Cecil	177	289	1,150	1,616
Charles	275	427	1,614	2,316
Dorchester	118	134	495	747
Frederick	346	612	2,301	3,259
Garrett	75	150	549	774
Harford	404	707	2,760	3,871
Howard	314	577	2,233	3,124
Kent	46	69	255	370
Montgomery	1,491	2,446	8,955	12,892
Prince Georges	2,646	3,436	12,421	18,503
Queen Annes	81	119	470	670
Saint Marys	233	380	1,329	1,942
Somerset	84	90	345	519
Talbot	74	98	365	537
Washington	293	492	1,808	2,593
Wicomico	226	320	1,119	1,665
Worcester	112	149	504	765
Baltimore City	4,502	3,975	13,906	22,383
MARYLAND	14,819	20,067	72,943	107,829

Prepared by: Maryland Center for Health Statistics, March 1984.

The ranking of Maryland's political subdivisions according to the federal guidelines for the WIC program utilizing 1979 vital statistics data utilizes a formula which includes 1) infant mortality rate, 2) proportion of births below 2500 grams, 3) proportion of mothers with late or no prenatal care, and 4) proportion of population below 185% of the poverty level. The above factors are multiplied together and the obtained product is used to rank subdivisions. The yearly rankings will list the actual values for each factor as used for that year's ranking. (Table 3)

While the estimates of the size of the eligible WIC population not being served varies, it appears that less than 50% of the eligible population in Maryland is being served by the program. While Maryland's proportion of the population served is better than the National Average of 35% served, it is failing to meet the estimated need.

Additional estimates have been developed for the Task Force of the WIC eligible population living at 125% of the poverty level. The estimates of the percent of mothers served at poverty is not corrected for the proportion of women who would not meet the nutritional need criteria. Nevertheless, it does reflect the fact that more women may be served by the program if additional funds were available. It must be remembered that the WIC program is not an entitlement program and all funds are being utilized to enroll the maximum number of eligible participants. Nevertheless, an important segment of the population is not being served by the program. State and local funds would assist in bridging this unmet need. Leadership and local interaction in this way was demonstrated in Montgomery County by providing local funds to support the WIC program.

Table 3

Maryland Department of Health and Mental Hygiene
Preventive Medicine Administration
Ranking of Maryland's Political Subdivisions According to WIC Program Guidelines

Rank	Infant Mortality Rate 3 Year Average (1978-1980)	Proportion of Births under 2500 gms. (1980)	Proportion of Mothers with Late or no Prenatal Care (1979)	Proportion of Population Below 125% of the Poverty Level (1969)	
1	Dorchester	23.6	0.114	0.046	0.261
2	Baltimore City	20.6	0.120	0.049	0.242
3	Somerset	10.7	0.085	0.060	0.369
4	Worcester	10.7	0.093	0.060	0.304
5	Garrett	18.2	0.078	0.029	0.381
6	Caroline	13.1	0.081	0.054	0.271
7	Wicomico	17.8	0.080	0.048	0.213
8	St. Mary's	12.8	0.058	0.084	0.233
9	Talbot	14.5	0.091	0.022	0.250
10	Prince Georges	16.2	0.091	0.046	0.082
11	Calvert	12.3	0.068	0.028	0.235
12	Charles	13.3	0.068	0.033	0.175
13	Queen Anne's	9.2	0.071	0.031	0.249
14	Allegany	11.1	0.058	0.033	0.211
15	Kent	6.7	0.057	0.042	0.224
16	Washington	14.1	0.056	0.021	0.187
17	Anne Arundel	12.2	0.070	0.029	0.105
18	Harford	12.9	0.071	0.023	0.118
19	Frederick	9.8	0.054	0.026	0.158
20	Cecil	9.3	0.073	0.020	0.152
21	Carroll	11.2	0.065	0.017	0.125
22	Montgomery	11.7	0.063	0.035	0.056
23	Baltimore	10.4	0.069	0.023	0.066
24	Howard	8.6	0.056	0.018	0.071

Prepared by: Maryland Center for Health Statistics, March, 1982.

Nutrition Guidelines and Goals

The purpose of the program is... "to provide supplemental foods and nutrition education through local agencies to eligible persons." In line with the requirement to provide nutrition education the state agency must prepare an annual Nutrition Education Plan, and submit it to the U.S. Department of Agriculture for approval. The Nutrition Education goals set by the State Agency in the most recent State Plan are as follows:

1. To work toward achievement and maintenance of improved nutritional status of WIC clients, by coordinating nutrition education closely with the direct food assistance and health services components of the total WIC program;
2. To carry out the goals and specific provisions of all pertinent sections of the federal WIC Program Regulations;
3. To plan nutrition education so that it will help WIC clients or caretakers to make informed consumer decisions about food that will be consistent with their nutritional needs and life styles, and will enable them to continue improved food habits after program eligibility expires;
4. To facilitate provision of direct nutrition education activities at the local agency level by providing technical resources, technical assistance, basic patient education materials, assistance in procuring bilingual materials, and continuing education; and by supporting the expenditure of adequate time and funds for this important program component; and
5. To maximize educational impact by encouraging and reinforcing

consistent educational messages integrated into the health services clients are using, and by coordinating educational efforts with those of non-WIC agencies or services which may also be utilized by WIC clients.

It is thought that through the accomplishment of the aforementioned goals, the outcome will be the alleviation of poor nutritional status in the pregnant woman with a resultant improved status in her pregnancy and her children.

Cost Effectiveness

In an attempt to validate the assumption that the WIC Program reduces the health care costs of its participants, the Department undertook a study of the costs to the Medical Assistance Program for services provided to both WIC and non-WIC women and children. Since the WIC Automated System does not at this time allow for the collection of retrospective data, the Department worked cooperatively with the Johns Hopkins School of Hygiene and Public Health to complete the required study. In summary there appears to be a 4% decrease in the Maryland Medical Assistance Program cost for all prenatal services provided to WIC-participating pregnant women. In regard to infants, it was noted that they utilize physician services to a greater extent than non-WIC infants; however, 59% of all visits were for services which were of a preventive nature. As a result of greater contact with child health care services, the overall cost for children to Medical Assistance is greater. This study did not reveal whether the long-term costs to the Department were reduced due to a decrease in long-term care needed for chronic conditions which may have been prevented. While

difficulties in data format and availability prevented a larger scale analysis, this study did provide a useful approach for further in-depth evaluation of WIC cost-benefits in the future.

State Budget

A WIC budgeting problem has involved the maximum expenditure of WIC funds. The U.S. Department of Agriculture requires all vouchers issued in a given fiscal year must be accounted for in that year. Vouchers may be redeemed for a period of 60 days thus delaying the posting of August and September redemptions beyond the end of the federal fiscal year. In order not to overspend the allocation, the Program must calculate an estimated redemption value based on past experience. This estimated amount is then encumbered. If these vouchers are finally redeemed for less than the estimated amount, then the balance of the encumbrance must be reverted to the federal government. While this amount may be small on an individual basis, when multiplied by the large volume of vouchers issued, it may quickly become several hundred thousand dollars. A conservative fiscal policy has prompted concern with overspending and has resulted in reversion of funds. This is the first fiscal year where reversion of funds is not an issue. Despite criticism directed at this problem, current state law precludes overspending the federal allocation.

This year in responding to past reversion of funds there was a more aggressive program to enroll eligible applicants. The resulting overexpenditure of funds lead to a freeze on new enrollment, which gave rise to a great deal of frustration on the part of clients and health workers. To date the issue of large swings in participation and available funds create a certain programatic instability and confusion.

The table below compares funds available to the WIC program with those actually spent. There are no general state funds involved. As shown in Table 5, a small percentage of the grant was reverted each year until FY 1983 (federal FY 1982), when the program reverted \$1.4 million, including \$1.3 million in food costs.

Table 5

State of Maryland

Comparison of WIC Expenditures to Appropriations (in millions)*

	FY	FY	FY	FY	FY	FY
	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>
Funds Available	\$7.20	\$12.28	\$14.32	\$15.27	\$17.87	\$19.89
Funds Spent	7.74	11.56	13.89	13.84	17.37	--
Funds Reverted	.06	.72	.43	1.43	.50	--

*Source: Maryland Department of Health and Mental Hygiene

The \$500,000 reversion in FY 1983 includes additional funds appropriated through the Jobs Bill. It does not include \$200,000 in Jobs Bill money which was offered to the program but turned down.

There are several reasons for the reversions. Federal requirements make it difficult to spend up to the level of appropriations. Unlike most federal grants, which allow funds to be carried over and spent over two years, WIC funds must be spent in the year appropriated. In the last few years, the appropriation was not known until the fiscal year had already started, and program administrators in Maryland were hesitant about hiring

staff without being certain of the level of the new appropriation. The time frame for spending Jobs Bill money this past fiscal year was even tighter. To minimize future reversion of funds and fluctuation in expenditures, a prudent fiscal policy may result in the state legislature authorizing up to 10% of federal food dollars as the maximum state cushion to permit the full utilization of federal funds and compete for future reallocations.

Commodity Supplemental Food Program

As an adjunct to the ongoing state WIC program, consideration should be given to the adoption of a statewide Commodity Supplemental Food Program. The program may serve to provide food to 1) WIC eligible clients currently on waiting lists, and 2) fulfill the currently unmet need in the state.

The Commodity Supplemental Food Program is designed to aid individuals in groups known to be vulnerable to malnutrition because of low-income and poor health conditions. The Commodity Supplemental Food Program provides nutritious foods at no cost to supplement the diets of low-income pregnant, postpartum and breastfeeding women, infants and children under 6 years of age. Foods provided are purchased by the U.S. Department of Agriculture and issued at no cost to the participants.

To receive and distribute CSFP foods, each state agency in the Program forwards a quarterly estimate of their needs for foods to the U.S. Department of Agriculture Food and Nutrition Service (FNS). FNS reviews the estimates and then forwards those requests to either the Agriculture Stabilization and Conservation Service (ASCS) for purchases of dairy, grain, peanut and oil products, or to the Food Safety and Quality Service (FSQS) of the U.S. Department of Agriculture for purchases of meat, poultry, fruit and

vegetables. Commodities are then purchased through the Commodity Credit Corporation or are bought directly by FSQS.

After the purchase of the commodities state agencies are notified of the quantities of each food item available to them during that quarter. On occasion, the U.S. Department of Agriculture may not be able to get every food item needed if the asking price is prohibitive or available quantities are low. In this case, FNS notifies the state agency to substitute equivalent items. For example, if peanut butter is not available, the agency may provide dry beans to all participants. After receipt of the commodities the state agencies forward the appropriate amounts to the local agency or distribution site. Professional or supervisory personnel at the CSFP local agency issue on a monthly or bimonthly basis the appropriate amount of supplemental foods to certified participants. Records of the food distribution rates for each participant are retained in the participant's file or at the distribution center depending upon whether the participants pick up their food package at the distribution site or are given the actual food package at the place of certification.

The adoption of the supplemental food program would provide an infusion of new and needed support to augment the WIC program. The commodity program is currently operating in 13 states and the District of Columbia. Maryland should promptly initiate an application to the U.S. Department of Agriculture to participate in the program.

Summary and Recommendations

The WIC program serves low income pregnant and lactating women, infants and children under 5 who are medically determined to be at

nutritional risk. The United States Department of Agriculture funds the program which is administered through the Preventive Medicine Administration of the Department of Health and Mental Hygiene. The FY 84 funding for Maryland is \$19.9 million. Eighty percent of funds are spent on food, 20% on Administration. One-sixth of non food costs must be spent on Nutrition Education. The program is administered through local health agencies. All counties in the state currently operate a program. Five local agencies provide food through a home delivery mode. The remaining projects issue redeemable vouchers. The estimated eligible population is 107,829 individuals (Women = 14,819; Infants = 20,067; Children = 72,943). Approximately 48,132 individuals are currently being served. This is 44.6% of the eligible population.

The program is in the process of emerging from a very difficult period brought on by a series of computer based crises which were halted when the State took over the management of the WIC computer system. Reversion of Federal funds was a problem of varying degree for many years. This resulted from an inability to estimate with precision the final redemption value of outstanding vouchers at the close of the fiscal year. This led at times, to highly cautious estimates resulting in the reversion of funds as high as \$1.43 million in FY 82. This was reduced to a half million dollars in FY 83. The current fiscal year has evidenced problems of over enrollment and anticipated over expenditure of funds. This has required an emergency state allocation of \$1.7 million to bridge the anticipated shortfall of federal funds. An untapped opportunity exists for the state to augment the WIC program by adopting the U.S. Department of Agriculture Commodity

Supplemental Food Program to complement and extend the WIC program in Maryland.

1. Allocate state funding equivalent to 10% of federal food dollars to partially fill the unmet need.

Only 44% of the estimated eligible population is being served. There is a cap on additional federal funds. State augmented federal funds will permit increased enrollment. It will also serve as an administrative buffer to encourage maximum expenditure of federal funds. It will serve to eliminate reversion of funds which was a problem in years past and serve to fill the gap when federal funds are overspent as occurred this past fiscal year.

2. Streamline the food package and target food more critically, thereby increasing the number of recipients to be served.

Careful tailoring of the food package providing more accurately targeted age specific calorie and nutrient requirements will result in cost efficiencies which will permit an increase in the number of clients that can be served by the program.

3. Adoption of the U.S. Department of Agriculture Commodity Food program to complement the WIC program in the state.

The State should petition the U.S. Department of Agriculture to adopt a commodity distribution program which will augment and complement the ongoing WIC program. This will bring additional food to individuals unable to be served by the WIC program.

Programs are currently being operated in a number of states as well as Washington, D.C.

4. Develop a single statewide contract for the home delivery program and/or other state developed competitive bid programs to reduce the cost of food.

Replacement of local program contracts with a single contract can result in considerable cost savings resulting in an increase in the number of clients served.

5. Maximize the nutrition education component to assure that all recipients receive the minimum number of nutrition education encounters.
6. Utilize the existing computerized WIC data base to determine areas of greatest need within the state and within counties.

Extensive information is routinely collected and available on computer tape. The data identifies client characteristics, nutritional problems, and administrative patterns that can be utilized to map nutritional status at a State and local level. It may also serve as the basis for differentially targeting resources to those areas demonstrating the greatest need. The above data base can serve as one key element of a state nutrition surveillance and monitoring system.

7. Maintain, improve, and extend the state based computerized WIC program data base.

8. Assist counties with levels of enrollment below the state average to increase the level of participation.
9. Develop annual projection to better anticipate the number of enrollees in each category to reduce the extreme fluctuation which has characterized the program.
10. Increase programmatic outreach. Identify special problems specific to migrants as well as those in rural areas.
11. Maintain and support the State WIC Advisory Board to provide oversight, assistance and counsel.
12. Congressional support in 1985 for a four year reauthorization of WIC at increased funding levels and for allowing a percentage of unexpended funds to be carried over into the next federal fiscal year.
13. Maximize federal support by eliminating any reversion of funds.
14. Differentially target resources to those areas demonstrating the greatest need.

PRIVATE SECTOR

Soup Kitchens

Most soup kitchens in Maryland are located in Baltimore City, though the past several years has seen a growth of soup kitchens in other parts of the state. In Baltimore, in 1982 there were only 12 soup kitchens. As of July 1984 there are now 27 soup kitchens serving over 93,000 meals per month.

Not only has there been an increase in the number of Soup Kitchens in Maryland but Soup Kitchens report increased utilization of their services. The Franciscan Center in Baltimore City is one of the oldest operating soup kitchens in the state. Fortunately they have also kept accurate records of the number of meals they have served each year starting in 1972. The numbers presented below demonstrate a dramatic increase in utilization starting in 1980.

Meals Served at the Franciscan Center

1979 -	20,834
1980 -	30,488
1981 -	40,807
1982 -	57,500
1983 -	65,254

Though most other Soup Kitchens have not kept nearly so precise figures all the Soup Kitchens we have been in contact with present a picture of minimally doubling service during the past four years.

Most soup kitchens serve only one meal a day during lunch hours. Only two city soup kitchens serve a breakfast and only six serve a dinner. Three of those evening centers are open less than five days a week. Only one of the soup kitchens that serves an evening meal is open seven days a week.

For those people who are primarily dependent on soup kitchens for food, there is fairly widespread availability of afternoon meals on Monday through Fridays. Morning and evening meals are not nearly so available. On the weekends only three soup kitchens are open for any meals at all. The obvious conclusion is that for those who are dependent on soup kitchens as their primary source of food, we can only say confidently that they regularly receive one meal per day on weekdays. This is a significant gap in fulfilling food needs.

Outside of Baltimore City, we are aware of three soup kitchens in Montgomery County, one in Frederick County, one in Howard County, one in Annapolis and one in Salisbury. The problem of lack of morning, evening and weekend service tends to hold true in these areas also. Because of the lack of population density and great travel distances in rural areas, it is difficult to support soup kitchens.

As previously stated, soup kitchens throughout the state report a doubling and sometimes tripling of utilization of services during the past four years. Though traditionally soup kitchens have been primarily utilized by single males, often alcoholics or the deinstitutionalized, most soup kitchens report that participation has increasingly included whole families, single women and even children on their own.

One of the subsets of people utilizing soup kitchens are the recently deinstitutionalized. Although we see many progressive aspects to mainstreaming individuals who used to be unnecessarily warehoused in institutions, we are convinced that there is not an adequate structure of support for this population grouping. Soup kitchens simply cannot

adequately administer to the nutritional needs of the deinstitutionalized. Recognizing that it is not directly within the mandate of the Governor's Task Force, we recommend the state continue to expand on Governor Hughes' FY 85 initiative to provide a more adequate public support system for the recently deinstitutionalized.

We also offer a general recommendation to the private sector that is attempting to bridge the gap in services left by Federal nutrition cuts. It is clear in the Baltimore area that there are adequate open facilities for weekday afternoon lunches, but a shortage of available meals for mornings, evenings and weekends. Recently some centers have begun to move to fill this need and we encourage soup kitchens to continue in this direction whenever available resources are present.

Emergency Food Centers

Emergency food centers differ from soup kitchens in so much as they provide food packages (generally a 3-day food supply based on household size) to be taken home and prepared. Consequently, the client population tends to be women heads of household and the elderly whose income or public support is inadequate and also laid off workers whose unemployment benefits have run out.

The closest count in Maryland as to the number of emergency food centers is the membership list of the Maryland Food Bank, numbering approximately 250 in Baltimore City and more than 400 statewide. Not included in this count are the numerous church pantries that serve only their local parishes often fearful of a demand that would overwhelm their capacity to serve.

The size and extent of service varies greatly, from centers open 9-5, five days a week, to those that open two or three days at the end of the month when people are out of food stamps. Some centers serve only their geographic area, others serve anyone. Some require no "proof of need", others make sure their clients are literally foodless and have exhausted all other possibilities such as the local Department of Social Services emergency food service.

The quality of food in the packages differs greatly, both from center to center and at any given center, depending on its current resources. Centers are often limited in many nutritional necessities and rarely have fresh produce, non-canned sources of protein, fresh milk and so on.

Many centers that receive funding from the Maryland Food Committee are counseled on how and where to purchase food, as well as on prescreening clients for Federal Food Programs. Many of these centers are experienced in intervening on a client's behalf with Food Stamp, Energy Assistance, or other poverty related programs.

We know that emergency food centers provided the largest share of services beginning the third week of the food stamp month. This is because they have exhausted food stamp benefits or in the case of the elderly on other forms of fixed income, they have exhausted their benefits.

Virtually all emergency food centers agree that there are a few clients who "abuse" the system by going from one center to another, but that even in the cases of these so called abuses there is a genuine need. Many families do have to return repeatedly for help because of genuine, serious and complicated needs on an on-going basis. These families simply do not have

sufficient income to meet basic food, shelter, and heating needs. Besides cutbacks on food assistance, cutbacks in non-food assistance mean that the unemployed, the single head of household, the elderly must look to the centers for help to free up income for other basic necessities. The model family of four (female head of household and three children) that receives \$376 in AFDC and \$211 in Food Stamps per month simply cannot stretch out this amount over the month, particularly if she does not have some form of public or subsidized housing. The Welfare Advocates point out that approximately 80% of welfare cases do not receive any housing support. It is clear that there is a need to increase substantially the AFDC grant.

Other than their utilization of the Maryland Food Bank, there is a low level of coordination among emergency food centers. Exceptions are part of Baltimore County, Carroll and Washington Counties, where churches have come together under an "emergency" umbrella. The Maryland Food Bank has recently begun to network with pantries in selected zip code areas of Baltimore City.

In general, there are enough emergency food centers in metropolitan areas though the quality and quantity of foods may not always be adequate. In rural areas there tend to be a significant shortage of such centers and travel distance for needy individuals may be prohibitive. We recommend that in rural areas local governments, Department of Social Service offices, and community agencies work together to stimulate and cooperate with local churches in developing emergency food centers in strategic geographic areas.

Maryland Food Bank

It is estimated by the Government Accounting Office that over 20% of the food that is produced in this country is thrown out. The Maryland Food

Bank was created in 1979 to address this problem of waste and try to direct the salvaged food to the low income population.

The Maryland Food Bank takes food from food wholesalers and retailers that previously would have been thrown out because it was dated, the packaging was marred, the product line had been discontinued and so on. In all cases this food was still edible. The food distributors are encouraged to turn this food over to the Maryland Food Bank through tax incentives.

The Maryland Food Bank finances itself through a 10¢ per pound service charge to all members. There are now over 400 members receiving in the range of 500,000 pounds of food per month. To be a member, the agency must distribute food without charge.

The Food Bank is centrally located in Baltimore City and is operating a satellite center in Salisbury and developing a Food Bank in the Cumberland area.

Because the Food Bank is dependent on food donations, it presently has little control over the nutritional quality of the food it receives for distribution purposes. In fact high protein foods such as tuna fish, peanut butter, etc. are rarely available.

Internally the Maryland Food Bank is a smoothly operated agency. The major problem to be addressed is the lack of quality nutritious foods being donated. We recommend the state set up a differential tax incentive program for retail and wholesale food donors. Presently, donors get a tax break that is the same regardless of the type of food. A higher tax break for specified high quality nutrition food would begin to address the problem. This would not be as complex as it might first appear. For instance,

programs such as WIC presently prescribe foods as being nutritionally eligible for the WIC program and only those goods can be purchased with a WIC voucher. A similar list for tax incentive purposes could be constructed including foods such as peanut butter, tuna and so on. This could be a positive step towards insuring a higher percentage of quality nutrition foods at the Maryland Food Bank.

Non-Profit Food Warehouse

Even with such a tax incentive program it is unlikely that the Maryland Food Bank will ever possess an adequate variety of quality nutritious items. Consequently, agencies will continue to have to turn to grocery stores and discount food warehouses to obtain these items. The cost of this type of shopping is high. Since most agencies serve small populations, they cannot buy a large enough quantity of any single item to obtain a price reduction. Also, they must spend time calling local grocers looking for the best prices. Then in addition to making a trip to the Maryland Food Bank, they must go to several other locations to complete their purchases using valuable staff time and gasoline money. This leads to another recommendation on the part of the Governor's Task Force.

Associated Catholic Charities in Baltimore has proposed a program for a non-profit food warehouse to address the above problem. Their project will help extend the resources of agencies by bulk purchasing a variety of nutritious, high quality food items and by locating geographically with the Maryland Food Bank. This type of food buying program is working very successfully in Pittsburgh, Pennsylvania and in Wilmington, Delaware. Other non-profit agencies may also develop a similar project.

The Maryland Food Bank is working cooperatively with this project. Contacts with the Mid-Atlantic Food Dealers Association and several local wholesalers have elicited general support for the concept.

The Maryland Food Bank, which is now entirely self sufficient in economic terms, initially needed the stimulation of public sector seed money. We believe the non-profit warehouse needs the same support. A precedent has been set in Delaware where their General Assembly passed a bill in 1980, allocating \$80,000 to food programs. From this sum \$50,000 went to the Delaware Food Closet Committee to start a food buying warehouse. The resulting food program, Delaware Food Conservers, Inc., Food Warehouse runs in conjunction with the Delaware Food Bank and has been an outstanding success over the past four years.

We recommend a similar \$50,000 grant be awarded to an appropriate non profit agency at the beginning of fiscal year 1986 to support this endeavor. This proposal possesses many facets that make it a worthwhile project for funding. The most impressive to us is that by the revolving nature of the food budget, the \$50,000 given in the grant would cycle through the warehouse over and over, having a significant multiplier effect. It is estimated that in the first year alone the \$50,000 would be recycled a minimum of ten times. The net result would be the distribution of one half million dollars worth of food for a one time outlay of only \$50,000 by the state. Obviously, emergency food centers and soup kitchens will realize a significant reduction in their costs and an expansion of nutritious foods in their stocks. This translates into improved physical and mental health of the recipients of emergency aid.

In the future, such a warehouse, if well established financially could expand to help the development of non-profit co-ops discussed in the next section.

Food Co-ops

One of the ironies of American society is that often the poor have to pay more than those who are better off. This holds particularly true in relation to food costs.

The Maryland Food Committee has just completed a survey of the cost of food in low income inner city neighborhoods and then contrasted that cost to the Giant Food Stores in Parkville and the Rotunda Mall in suburban neighborhoods. They also contrasted the prices to the Johnston Square Food Coop which serves one of the poorest communities in Baltimore City. The data is on the chart on the following page. The gap in cost is very large. Poor people pay on the average 44.2% more than middle income people who can access supermarkets.

It is important to recognize that the majority of the population in the surveyed poor neighborhoods are captive customers of the high priced small food outlets. An elderly individual or a female head of household without a car simply cannot utilize a supermarket without a great deal of difficulty.

It is important to note that the Governor's Task Force does not view the problem of significantly higher prices at inner city food stores as a problem of price gouging. Rather the essence of the problem is structural. Small inner city food outlets have higher cost due to low volume buying, higher insurance costs, security problems, higher rent per square foot, etc. These costs are in turn passed on to customers.

COMPARISON OF INNER CITY GROCERY COSTS
TO GIANTS IN ROTUNDA MALL AND PARKVILLE
TO JOHNSON SQUARE FOOD CO-OP

DATA COMPILED JULY - AUGUST, 1984

	OLIVER 13 stores	GREENMOUNT 3 stores	JOHNSON SQUARE 5 stores	BARCLAY 5 stores	COLDSTREAM 13 stores	JONESTOWN 5 stores	BEREA 13 stores	ROLAND PARK GIANT	PARKVILLE GIANT	JOHNSON SQUARE CO-OP
20 oz. Bread	.91	1.01	.83	.95	.98	.85	.99	.45	.45	.55
18 oz. Peanut Butter	1.80	1.59	2.02	1.49	2.22	2.24	1.90	1.79	1.79	1.50
1 lb. Macaroni	.85	.89	1.14	.97	.91	.94	.92	.59	.59	.75
1 lb. Spaghetti	.84	.84	.87	1.19	.93	.92	.89	.89	.59	.65
15 oz. Tomato Sauce	.77	.79	.99	1.17	.78	.73	.74	.53	.53	.70
16 oz. Green Beans	.65	.75	.55	.70	.63	.73	.61	.38	.40	.40
16 oz. Baked Beans	.58	.54	.63	.69	.56	.68	.59	.33	.33	.45
6½ oz. Tuna	1.27	1.09	1.22	1.35	1.19	1.13	1.12	.83	.83	.95
15 oz. Cheerios	1.89	2.39	2.19	2.35	2.02	2.29	1.81	1.25	1.25	1.75
12 oz. Corn Flakes	1.43	1.29	1.51	1.72	1.35	1.38	1.40	.85	.85	.83
5 lbs. Sugar	2.25	2.59	2.19	2.34	2.56	2.21	2.07	1.69	1.69	1.75
14 oz. Minute Rice	1.59	1.89	1.59	1.69	1.39	1.32	1.43	1.19	1.19	.55
16 oz. Rice	.79	.67	.62	.84	.83	.90	.67	.45	.49	.55
½ gal. Milk	1.44	1.29	1.27	1.32	1.38	1.26	1.27	.99	.99	1.00
1 doz. Eggs (Large)	1.19	1.29	1.21	1.36	1.26	1.19	1.19	.95	.95	.85
2 oz. Instant Coffee	1.82	1.89	1.99	1.94	1.89	1.69	1.86	1.25	1.25	1.50
16 oz. Pepsi/Coke	2.70	2.29	2.29	2.34	2.53	1.99	2.60	1.79	1.79	2.00
TOTAL GROCERY BAG	21.95	23.09	23.74	24.41	23.41	22.45	22.06	15.90	15.96	16.73
\$ MORE THAN THE PARKVILLE GIANT	5.99	7.13	7.78	8.45	7.45	6.49	6.10			.77
% MORE THAN THE PARKVILLE GIANT	37.5%	44.7%	48.7%	52.9%	46.6%	40.6%	38.2%			4.6%

COST OF AVERAGE INNER CITY BAG - \$23.01

AVERAGE \$ MORE THAN PARKVILLE GIANT - \$ 7.05
AVERAGE % MORE THAN PARKVILLE GIANT - 44.2%

There are a number of food buying clubs and a few storefront food coops in operation in Maryland which help to moderate the high cost of inner city food. These storefront food coops which are easily accessible to users can offer food at substantial savings for low income people. Savings for low income people can be as high as 40% as the Johnston Square Food Coop (JSFC) in Baltimore has demonstrated. Many people in poor neighborhoods without any private transportation are basically captive customers of the one or two small but high priced stores in their neighborhoods. The JSFC gives these people an alternative place to shop. The JSFC has gone from an initial membership of 35 families only a couple of years ago, to over 900 family memberships. It incorporates a store model, being open from 9 a.m. to 5 p.m., rather than the buying club model. This store model is much more convenient and accessible than buying clubs, which require advancing money by a week or more for the delivery of food.

To the south of us, Washington D.C. has established a Mayor's Commission of Cooperative Economic Development with the mandate to stimulate food and housing co-ops that will serve the poverty community. Through the efforts of the Commission \$150,000 CDBG money and another \$100,000 private banking money has been committed to stimulate low income storefront food coops.

The Governor's Task Force recommends that the proposed stated Advisory Council on Food and Nutrition Policy consider the need for a Commission of Cooperative Economic Development as exists in Washington D.C. with the expressed purpose of taking steps that will lead to the formation of a federation of low income food coops. This commission could be housed within

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nutritional well-being of all people. Private institutions which were created to deal with temporary crisis situations of foodlessness have out of necessity become institutionalized as a support system for many individuals and families due to the lack of adequate federal support. Ultimately we must return to the concept that the government has a responsibility to provide for the nutritional well being of all members of our society.

Summary of Recommendations for Private Sector

1. A more adequate support system be developed for the recently de-institutionalized who are presently dependent on soup kitchens for their primary source of food.
2. Soup kitchen activities be expanded to cover weekend and evenings hours.
3. Local governments, departments of Social Services and local community agencies in rural areas should work to stimulate and cooperate with local churches in developing emergency food centers in strategic geographic areas presently underserved.
4. Maryland State should set up a differential tax incentive program for food donors to the Maryland Food Bank or other emergency food providers which would more highly reward specified high quality nutritious donations.
5. Maryland State should grant \$50,000 to an appropriate non profit agency for the creation of a non-profit food warehouse that would provide the nutritious foods that the Maryland Food Bank does not get through donations to emergency food centers and soup kitchens.
6. The proposed Advisory Council on Food and Nutrition Policy should

stimulate the growth of a federation of low income food coops. A Commission on Cooperative Economic Development as exists in Washington, D.C. may serve as a model.

7. Legislate a tax incentive for farmers who open their field to gleaning to approved low-income people and/or organizations.
8. Open vacant public lands to community gardening and work in a cooperative manner to insure safety of the soil in urban areas, and provide security from poachers.

PRIVATE SECTOR

PRIVATE SECTOR MEMBERS

PHYSICIAN OR NUTRITIONIST FROM THE PUBLIC HEALTH SECTOR

FUNCTION: To bring knowledge of public health issues to bear on the food & nutrition need of Marylanders

REPRESENTATIVES OF MD FOOD COMMITTEE

FUNCTION: To continue coordination of emergency food efforts and citizens monitoring advocacy/efforts thru a statewide food network

THE MD FOOD BANK

FUNCTION: To continue supplying recycled foods to the emergency food sector statewide

VOLUNTARY SECTOR

FUNCTION: To supplement foods available to emergency sector thru the MFB with high nutrition items not commonly available to centers

2 CLIENTS OF FEDERAL FOOD PROGRAMS

FUNCTION: To bring client concerns to bear in formulating policy

STATE

GOVERNOR

OFFICE OF NUTRITION

FOOD & NUTRITION POLICY COUNCIL

1 LEGISLATIVE MEMBERS

Each from the House & Senate, from Committees having oversight over food and Nutrition Programs

FUNCTION: To translate the Council's recommendations into Legislative action

COUNCIL FUNCTIONS:

- Oversight/Coordination of Public & Private Food Programs
- Develop/implement statewide nutrition surveillance system and use data in conjunction to target resources where need is demonstrated
- receive annual Plans from Agencies identifying eligible non-participants and Plans to serve them
- Provide means for inter agency cooperation in such matters as referrals, nutrition education, simplified application process, cost-effective joint purchasing, storage, or delivery system
- Advocate for Program integrity & funding at State & Federal levels
- Report annually to the Governor on the Nutritional Status of Marylanders
- To foster the development of a public private partnership in establishing low-income food Co'ops in order to reduce dependency on public benefit programs and private emergency services

AGENCY MEMBERS

FOOD STAMP PROGRAM DEPARTMENT OF HUMAN RESOURCES

CHILD NUTRITION DEPARTMENT OF EDUCATION

WIC

DEPARTMENT OF HEALTH & MENTAL HYGIENE

ELDERLY NUTRITION OFFICE OF THE AGING

USDA

USDA

HHS

USDA

DECD

FUNCTION: Administration of Federal Food Programs with the goal of maximizing participation to meet the need and to increase the flow of Federal \$ into MD

Application for Food Stamps—Part 1

Step 1. Complete Page 1

Step 2. Complete Pages 2-5

To begin to apply for food stamps, you can complete this first page, tear it off and give it to us. We are required to take action on your application within 30 days from the date you give us this first page. So, the sooner you give us the first page, the quicker you will know whether you will receive food stamps. Now go to Step 2.

Pages 2-5 must be completed before we can see if you're eligible for food stamps. You can return pages 2-5 to us along with the first page or at the time of the interview we will schedule for you. Try to fill out as much as possible now. Your case worker will help you with the rest during the interview.

Your name _____ Telephone number where you can be reached _____

Mailing Address _____ City _____ State _____ Zip Code _____

If you don't have a street address, tell us how to get to your home. _____

Sign here _____ Today's date _____

Are you a boarder? Yes No
Is anyone in your household on strike? Yes No

If You Need Food Stamps Right Away

If your household has little or no income right now, you may be able to receive food stamps within a few days. Answer the following questions only if your household has little or no income and needs food stamps right away.

- Parents and children under age 60.
- Parents age 60 or older, if they live and eat meals with the other household members.
- Brothers and/or sisters under age 60.
- Brothers and/or sisters age 60 or older, if they live and eat meals with other household members.
- Others who live and eat with you (not roomers/boarders).

INCLUDE AS HOUSEHOLD MEMBERS, THE FOLLOWING PEOPLE WHO LIVE TOGETHER:

What is the total income you expect your household to receive this month? _____

\$ _____ When? _____

Did your household's only income recently stop? Yes No
Is anyone in your household a migrant or seasonal farm worker? Yes No

If anyone in your household is a migrant or seasonal farm worker at any time during the current migrant season, was your household approved for a postponement of verification requirements? Yes No
If yes, when and where? _____

How many people live in your home and eat with you? (Include yourself) _____

Is anyone in your household 60 years or older? Yes No

Is anyone in your household receiving Supplemental Security Income (SSI) benefits, Social Security Disability Payments or is anyone a veteran with a disability or a disabled spouse or child of a deceased veteran? Yes No

How much do the members of your household have in cash and savings? (Give your best estimate of the total.)
\$ _____

BELOW THIS LINE — FOR OFFICE USE ONLY

I certify that I screened this applicant for expedited service and determined that the household was was not potentially eligible for expedited issuance at this time.

Signature of Screener _____

Date _____

Local DSS _____
Balto. City District _____
Case Number _____
Date Received _____
Face to face interview Yes No

Application for Food Stamps—Part 2

Answer the following questions honestly and completely. If you know but refuse on purpose to give any needed information, your household won't be eligible for food stamps.

Important: When you are interviewed, please bring proof of all household income—for example pay stubs and award letters for government benefits (such as SSI or Social Security). We may also need the following items: statements of all household savings and checking accounts; rent or mortgage receipts; and utility bills.

You may complete this form at home and mail it or bring it to the food stamps office. Or, another member of your household, or an adult who knows you may complete and return it to us.

Having these items with you could speed up your application.

Your name _____ Telephone number where you can be reached _____

Mailing Address _____ City _____ State _____ Zip Code _____

If you don't have a street address, tell us how to get to your home.

Are you a boarder? Yes No

Is anyone in your household on strike? Yes No

Household Members

Fill in all blanks for each household member including yourself. For each person who is not a citizen, you will need to show the food stamp office an alien registration card, such as INS Forms I-151, I-551, I-94, I-181-B, or a re-entry permit.

your household is eligible for food stamps, other Federal assistance programs and Federally assisted State programs, such as school lunch, AFDC and Medicaid. Fraudulent participation in the Food Stamp Program may result in criminal or civil action or administrative claims.

Submission of a Social Security number (SSN) for all household members is mandatory under the Food Stamp Act of 1977 as amended by PL97-98. Your SSN will be used to check the identity of household members, prevent duplicate participation and to facilitate making mass changes.

INCLUDE AS HOUSEHOLD MEMBERS THE FOLLOWING PEOPLE WHO LIVE TOGETHER

- Parents and children under age 60.
- Brothers and/or sisters under age 60.
- Parents or brothers and/or sisters age 60 or older, if they live and eat meals with other household members.
- Others who live and eat with you (except roomers/boarders).

Your SSN, as well as other information provided, will also be used in computer matching and program reviews or audits to make sure

Name - Indicate maiden name of woman in parenthesis ()	Marital status	Is this person Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth	Social security number	Is this person a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
1 _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
2 _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
3 _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
4 _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
5 _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
6 _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach a separate sheet if you need more room.

Resources

Does anyone in your household own any cars, trucks, boats, campers, motorcycles or other vehicles?

Yes No If yes, please describe.

Make	Model	Year	Make	Model	Year
1 _____			3 _____		

Does your household have any savings?	Cash on hand	Savings account/ Credit Union	Checking Account	Stocks, Bonds, Other
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much?	\$ _____	\$ _____	\$ _____	\$ _____

Does your household own any real estate other than your home? For example, land or buildings, including buildings you rent to others.

Yes No

If yes, you may need to bring information about the value of the property, any property, any amount owed, and how the property is used.

Did you or a member of your household sell, trade or give away anything of substantial value during the last three months?

175 Yes No If yes, explain.

Income from Work

Fill in all blanks for each household member with a full or part-time job. If a member has more than one job, list each job separately.

Include members who receive income from WIN. Do not include self-employed household members. (For members currently on strike, enter income before the strike as well as any current income.)

Household member	Name of employer	Amount of each pay check <i>before</i> deductions such as taxes, retirement, or union dues are taken out	How often paid
1		\$	
2		\$	
3		\$	

Is anyone in your household self-employed?

Yes No If yes, give their names

Please bring last year's Federal Tax forms for *self-employed* members of your household. Or, if no such tax forms were filed last year, bring proof of self-employment costs and income.

Has anyone in your household quit a job in the last 60 days?

Yes No

Other Income Amounts

Source of income	Household members who receive this income	Amount of each check or payment	How often received
AFDC (Aid to Families with Dependent Children)	1	\$	
	2	\$	
Social Security – Blue/green checks	1	\$	
	2	\$	
SSI (Supplemental Security Income)–Gold checks	1	\$	
	2	\$	
GA (general assistance)	1	\$	
	2	\$	
VA (Veterans benefits)	1	\$	
	2	\$	
Pensions or retirement income	1	\$	
	2	\$	
Unemployment or Workers' Compensation	1	\$	
	2	\$	
Child support and alimony	1	\$	
	2	\$	
Money from friends or relatives (other than loans)	1	\$	
	2	\$	
Other (specify)	1	\$	
	2	\$	

Income from Roomers and Boarders (Do not include people listed as household members.)

Does anyone pay you for meals, a room, or both?

Yes No

If yes, complete the following:

Name	How much do they pay you?	How often?
1	\$ <input type="checkbox"/> Room <input type="checkbox"/> Room and board	
2	\$ <input type="checkbox"/> Room <input type="checkbox"/> Room and board	

Please list medical expenses for any household member who is: (1) 60 or over, (2) receiving Supplemental Security Income or Social Security disability payments, (3) a veteran with a service related total disability or in need of regular aid, (4) a disabled spouse or child of a deceased veteran.

	Amount	How often is each payment due?
Medical and dental services	\$	
Hospital or nursing care	\$	
Health insurance and medicare payments	\$	
Drugs prescribed by a doctor	\$	
Dentures, hearing aids and eye glasses	\$	
Transportation costs to get medical care	\$	
Services of an attendant or nurse	\$	
Other (explain)		

Please list the names of household members who have these expenses.

Dependent Care

Does anyone in your household pay for someone to babysit or care for a child or a disabled adult, so that a member can get work or training or look for a job?

Yes No

If yes, how much do you pay \$ _____

How often? |

Who provides this care? Name _____ Telephone number _____

Address _____

Shelter

Please list the amount your household is billed for each of the following items.

	Amount	How often is each payment due	Rent or mortgage payment	Amount	How often is each payment due
Property taxes (if not included in mortgage)	\$		Insurance on home (if not included in mortgage)	\$	

Utilities

Check the box next to the utility costs you pay and list the amount you are billed. If you don't list the amount you are billed we'll use a standard amount to compute your benefits. But, if your utility bills are higher than our standard amount, listing them below may help you receive more food stamps.

Do you live in public housing? Yes No

If yes, are you charged an excess utility fee? Yes No

If yes, what is the average fee per month? \$ _____

	Amount	How Often Billed	
<input type="checkbox"/> Gas and electric billing to you separately from rent or mortgage which does NOT INCLUDE HEAT in the heating season	\$		<ul style="list-style-type: none"> • Do you share the above RENT with other parties who live in the same residence with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <ul style="list-style-type: none"> How much is paid to you? \$ _____ How much is paid to them? \$ _____ • Do you share the above UTILITIES with other parties who live in the same residence with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <ul style="list-style-type: none"> How many parties are there? \$ _____ How much is paid to you? \$ _____ How much do you pay them? \$ _____ *Billing to you means billing by the utility or fuel company. It does not mean billing by landlord.
<input type="checkbox"/> Gas and electric billing to you separately from rent or mortgage which INCLUDES HEAT in the heating season	\$		
<input type="checkbox"/> Fuel oil, coal, propane gas or wood for heating billing to you separately from rent or mortgage	\$		
<input type="checkbox"/> Gas and electric included in rent paid to landlord	\$ XXXX	XXXX	
<input type="checkbox"/> Heat included in rent paid to landlord	\$ XXXX	XXXX	
<input type="checkbox"/> Telephone (a basic rate will be used)	\$ XXXX	XXXX	
<input type="checkbox"/> Water and sewerage billing to you separately from rent or mortgage	\$		
<input type="checkbox"/> Garbage and trash billing to you separately from rent or mortgage	\$		
<input type="checkbox"/> Installation of utilities billing to you separately from rent or mortgage	\$		

Does anyone not living in your residence pay or help you pay any of the MEDICAL or SHELTER costs listed above?

If yes, which bills and how much do they pay?

Yes No

Students

If there are any students in your household who are (1) between the ages of 18 and 60 and (2) not in high school, complete the following:

Name of Student	School or Program	Hours of Class per Week
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

If any of the students listed above receive educational grants, scholarships or loans complete the following:

Name of Student	Total amount of grants, scholarships or loans	Months covered by grants, scholarships or loans	Tuition and Mandatory fees
1. _____	\$ _____	From _____ To _____	\$ _____
2. _____	\$ _____	From _____ To _____	\$ _____

Your Racial-Ethnic Heritage

Although you aren't required to provide this information, your cooperation will help determine compliance with Federal Civil Rights Law. In no instance will this information be used in considering your application.

If you decline to provide this information, it will in no way affect consideration of your application. We are authorized to ask for this information under Title VI of the Civil Rights Act of 1964.

- Black not of Hispanic origin
 Hispanic
 Asian or Pacific Islander
 American Indian or Alaskan Native
 White not of Hispanic origin

Authorized Representative

You can authorize someone outside your household to get your food stamps for you or to use them to buy food for you. If you would like to authorize someone, write the person's name below.

Name	Address	Telephone number
_____	_____	_____

Penalty Warning

The information provided on this form will be subject to verification of federal, state and local officials. If any is found inaccurate, you may be denied food stamps and/or be subject to criminal prosecution for knowingly providing false information.

ANY MEMBER OF YOUR HOUSEHOLD WHO INTENTIONALLY BREAKS ANY OF THE FOLLOWING RULES CAN BE BARRED FROM THE FOOD STAMP PROGRAM FOR 6 MONTHS AFTER THE FIRST VIOLATION, 12 MONTHS AFTER THE SECOND VIOLATION, AND PERMANENTLY FOR THE THIRD VIOLATION. THE INDIVIDUAL CAN ALSO BE FINED UP TO \$10,000, IMPRISONED UP TO 5 YEARS, OR BOTH. A COURT CAN ALSO BAR AN INDIVIDUAL FOR AN ADDITIONAL 18 MONTHS FROM THE FOOD STAMP PROGRAM. THE

INDIVIDUAL MAY ALSO BE SUBJECT TO FURTHER PROSECUTION UNDER OTHER APPLICABLE FEDERAL LAWS.

DO NOT give false information, or hide information, to get or continue to get food stamps.

DO NOT trade or sell food stamps or authorization cards.

DO NOT alter authorization cards to get food stamps you're not entitled to receive.

DO NOT use food stamps to buy ineligible items, such as alcoholic drinks and tobacco.

DO NOT use someone else's food stamps or authorization cards for your household.

Your Signature

I understand the questions on this application and the penalty for hiding or giving false information or breaking any of the rules listed in the Penalty Warning. My answers are correct and complete to the best of my knowledge.

Your signature _____

I understand that I may have to provide documents to prove what I've said. I agree to do this. If documents are not available, I agree to give the name of a person or organization the food stamp office may contact to obtain the necessary proof.

Today's date _____

Witness if you signed with an X _____

You or your representative, may request a fair hearing either orally or in writing if you disagree with any action taken on your case. Your case may be presented at the hearing by any person you choose.

We will consider this application without regard to race, color, sex, age, handicap, religion, national origin, or political belief.

Attachment B

EXPEDITED ISSUANCE BALTIMORE CITY % Compliance July '82 - June '83

	3-Day Compliance											5-Day Compliance				
	7/82	8/82	9/82	10/82	11/82	12/82	1/83	2/83	3/83	4/83	5/83	6/83				
Cherry Hill	73	90	75	68		89	86	80	98							
Clarence Bishop	82	80	86	79		76	70	100								
Clifton	92	98	97	94		96	98	98	100	97	97	92				
Collington Square	50	50	79	90		93	95	69	95	53	78	91				
Dunbar	85	86	97	93		94	100	94	94	95	95	95				
Federal Hill	96	92	85	98		95	87	98	84	100	100	100				
Govans/Waverly	71	79	81	96		88	99	94	97	90	95	97				
Hampden																
Harlem Park																
Johnston Square	63	67	64	73		91	86	86	92	91	92	98				
Kirk	50	70	91	88		84	69	64	92	73	100	74				
Liberty/Garrison	72	79	85	88		86	85	97	96	81	90	94				
Mount Royal																
Orangeville	83	82	91	83		84	80	73	81	75	92	90				
Park Circle	70	82	92	100		89	79	81	99	98	97	88				
Patapsco	96	95	92	100		100	99	98	98	90	96	100				
Patterson Park	90	92	92	98		93	92	76	97	80	89	96				
Rosemont	76	88	84	95		74	88	86	100	90	92	85				
Steuart Hill	86	78	84	94		90	93	85	86	96	91	87				
Upton	66	77	78	89		90	78	86	87	88	96	99				
Westwood	62	77	79	79		83	82	82	83	66	79	97				
Outreach Unit				100		100	100	100	100	100		error				
PAA Unit																
GPA-E Unit						100	100	100	100	100						
In House Unit		100		100												
Homeless/Refuge									100	100	error	93				
TOTAL BALTIMORE CITY	77	82	84	89	87	88	88	87	93	86	92	93	86	92	93	

EXPEDITED ISSUANCE BALTIMORE CITY % Compliance June '83 - June '84

5-Day Compliance

	7/83	8/83	9/83	10/83	11/83	12/83	1/84	2/84	3/84	4/84	5/84	6/84
Cherry Hill		63	48	83	73	73	78	81	95	100	100	100
Clarence Bishop												
Clifton		96	97	94	95	94	84	85	92	80	91	92
Collington Square		27	50	100	90	100	75	100	100	50	66	100
Dunbar		93	96	95	90		81	80	91	82	83	89
Federal Hill		100	87	93	93		77	55	70	94	95	95
Govans/Waverly		79	82	86	94		87	73	94	93	85	96
Hampden												
Harlem Park												
Johnston Square		88	77	62	58	67	62	56	67	90	87	85
Kirk		91	66	67	60	74	52	62	82	78	72	88
Liberty/Garrison		93	77	95	73	79	84	93	93	84	86	93
Mount Royal												
Orangeville		97	87	89	83		83	82	88	94	84	96
Park Circle		82	72	84	56	98	86	68	73	78	90	94
Patapsco		100	100	98	91	98	96	96	100	100	97	100
Patterson Park		90	83	89	53	92	78	92	95	85	92	93
Rosemont		88	82	76	62		78	63	80	89	86	93
Steuart Hill		77	77	90	72		87	84	91	92	94	85
Upton		79	87	60	44		75	76	75	95	91	99
Westwood		88	79	92	81	86	82	84	90	94	93	93
Outreach Unit												
PAA Unit												
GPA-E Unit							100	79	100	92		
In House Unit												
Homeless/Refuge		98	100	94	100	92	95	92	80	85	100	98
TOTAL BALTIMORE CITY		88	83	85	76	83	80	79	86	88	89	94

EXPEDITED ISSUANCE BY COUNTY % Compliance July '82 - June '83

	3-Day Compliance												5-Day Compliance				
	7/82	8/82	9/82	10/82	11/82	12/82	1/83	2/83	3/83	4/83	5/83	6/83					
Allegany	90	94	99	93		97	93	81	78	86	96	86					
Anne Arundel	95	95	91	91		98	98	96	97	96	100	100					
Baltimore	92	99	98	97		96	98	98	98	97	94	99					
Calvert	94	89	100	100		100	100	100	100	92	100	100					
Caroline	100	100	100	100		100	100	100	92	100	100	100					
Carroll	94	96	95	100		100	100	92	100	100	100	100					
Cecil	100	100	100	99		98	10	100	99	92	100	96					
Charles	100	100	100	100		100	89	100	100	93	100	100					
Dorchester	100	100	100	97		100	96	100	100	100	100	100					
Frederick	100	100	100	100		100	100	100	100	100	100	100					
Garrett	100	100	93	95		92	100	100	100	90	100	100					
Harford	95	91	93	87		86	86	99	93	100	100	97					
Howard	100	97	98	96		98	98	96	100	100	100	95					
Kent	100	100	100	100		95	100	100	100	100	100	100					
Montgomery	99	99	98	93		99	99	97	98	90	89	97					
Prince Georges	96	94	88	95		96	95	81	74	72	87	82					
Queen Anne's	100	100	100	100		96	96	100	100	100	100	100					
St. Mary's	100	100	98	100		97	100	100	94	82	93	94					
Somerset	100	100	100	100		100	100	100	100	100	100	100					
Talbot	100	100	94	100		100	100	100	100	100	100	92					
Washington	100	99	100	100		96	100	98	99	97	83	100					
Wicomico	98	98	99	99		97	95	95	86	98	103	99					
Worcester	100	100	100	100		98	100	94	100	100	100	114					
TOTAL COUNTIES	97	97	95	96	91	97	97	93/91	91	90	90	95					
Baltimore City	77	82	84	89	87	88	88	87	93	86	92	93					
STATE TOTAL	91	93	92	93		94	94	92	92	88	91	94					

EXPEDITED ISSUANCE BY COUNTY % Compliance July '83 - June '84

5-Day Compliance

	7/83	8/83	9/83	10/83	11/83	12/83	1/84	2/84	3/84	4/84	5/84	6/84
Allegany		100	95	94	93	98	78	92	96	96	100	90
Anne Arundel		99	95	96	98	98	error	96	95	96	93	97
Baltimore		75	88	91	76	92	93	96	97	97	97	99
Calvert		93	100	96	100	100	95	92	92	100	100	100
Caroline		100	60	100	100	100	100	100	100	100	100	100
Carroll		96	100	100	60	100	100	100	86	100	100	100
Cecil		100	100	100	100	100	100	92	100	100	100	100
Charles		86	96	91	89	74	89	83	97	83	92	95
Dorchester		99	100	100	100	100	100	95	100	100	100	100
Frederick		100	100	100	100	100	100	100	100	100	100	100
Garrett		100	92	89	93	95	71	92	63	100	85	94
Harford		98	81	71	74	83	95	84	92	100	95	97
Howard		100	error	88	error	100	93	100	89	89	100	100
Kent		93	100	60	100	100	100	100	100	100	100	100
Montgomery		86	100	100	100	99	100	100	100	99	100	99
Prince George's		83	79	93	97	92	89	95	91	94	94	95
Queen Anne's		100	100	100	100	100	100	100	100	100	100	100
St. Mary's		100	93	100	100	error	100	96	92	100	93	100
Somerset		100	100	100	100	100	98	100	100	100	100	100
Talbot		100	100	100	100	100	100	100	82	100	100	100
Washington		100	97	95	100	93	97	99	100	100	100	98
Wicomico		100	96	98	100	100	100	100	100	100	100	97
Worcester		94	100	100	100	100	100	100	100	100	100	100
TOTAL COUNTIES		90	91	95	93	95	94	96	96	97	97	98
Baltimore City		99	83	85	99	83	80	79	86	88	89	93
STATE TOTAL		94	87	91	94	89	88	88	91	93	93	96

EXPEDITED ISSUANCE BALTIMORE CITY % Compliance July '82 -- June '83

30-Day Compliance

	7/82	8/82	9/82	10/82	11/82	12/82	1/83	2/83	3/83	4/83	5/83	6/83
Cherry Hill	98	93	98	100		100	100	100	93	100	100	100
Clarence Bishop	100	100	100	100		97	99	100				
Clifton	100	98	98	100		97	100	100	99	100	99	100
Collington Square	99	100	100	100		100	100	100	99	99	100	100
Dunbar	97	100	100	100		100	100	100	100	100	100	100
Federal Hill	100	100	100	100		100	100	100	100	100	100	100
Govans/Waverly	100	100	99	100		98	100	100	100	100	100	100
Hampden												
Harlem Park												
Johnston Square	96	97	100	100		97	100	100	100	97	91	100
Kirk	96	100	100	100		88	92	100	100	100	100	100
Liberty/Garrison	100	99	100	100		100	100	100	99	100	100	100
Mount Royal												
Orangeville	98	99	99	94		100	100	100	98	100	100	96
Park Circle	99	97	100	100		100	100	100	99	100	99	100
Patapsco	100	100	100	100		100	100	100	95	100	100	100
Patterson Park	100	98	100	96		100	100	100	100	100	97	100
Rosemont	85	87	94	100		89	100	100	99	100	100	100
Steuart Hill	97	98	99	98		98	100	100	100	100	99	100
Upton	91	99	100	99		99	100	100	96	100	101	99
Westwood	99	93	91	98		98	99	99	100	100	100	100
Outreach Unit	100	100	100	100		100	100	100	100	100	100	error
PAA Unit	100	100	100	100		100						
GPA-E Unit						100	100	100	100	100		
In House Unit	100	100	100	100		100	100	100	100	100	error	
Homeless/Refuge												
TOTAL BALTIMORE CITY	97	98	99	99	98	98	100	100	99	100	99	100

EXPEDITED ISSUANCE BALTIMORE CITY % Compliance July '83 - June '84

30-Day Compliance

	7/83	8/83	9/83	10/83	11/83	12/83	1/84	2/84	3/84	4/84	5/84	6/84
Cherry Hill		98	99	98	100	100	100	100	100	100	100	100
Clarence Bishop												
Clifton		98	99	100	98	99	100	100	97	99	98	99
Collington Square		99	96	98	98	99	96	100	95	100	98	100
Dunbar		100	100	100	100	100	98	100	100	100	98	100
Federal Hill		98	100	99	100	98	99	99	100	100	98	100
Govans/Waverly		97	98	100	98	100	98	100	99	98	99	100
Hampden												
Harlem Park												
Johnston Square		98	100	99	100	100	100	100	100	97	96	100
Kirk		100	100	100	100	95	100	100	100	100	100	100
Liberty/Garrison		99	99	100	97	100	100	100	99	98	100	99
Mount Royal												
Orangeville		98	99	98	100	99	98	99	100	98	100	100
Park Circle		100	100	99	97	100	100	100	100	100	99	98
Patapsco		100	100	100	100	100	100	100	100	100	100	100
Patterson Park		99	100	100	98	100	100	100	98	100	100	100
Rosemont		99	100	100	100	98	99	99	98	99	100	100
Steuart Hill		96	100	100	97	98	100	100	99	100	98	100
Upton		99	98	99	99	98	93	98	93	98	100	99
Westwood		99	98	99	100	100	100	100	98	100	100	100
Outreach Unit												
PAA Unit												
GPA-E Unit							100	100	100	100	100	
In House Unit												
Homeless/Refuge							100	100	100	100	100	100
TOTAL BALTIMORE CITY		99	99	99	99	99	99	100	98	99	99	100

EXPEDITED ISSUANCE BY COUNTY % Compliance July '82 - June '83

30-Day Compliance

	7/82	8/82	9/82	10/82	11/82	12/82	1/83	2/83	3/83	4/83	5/83	6/83
Allegany	92	100	100	100		95	98	94	96	96	94	93
Anne Arundel	100	98	99	100		100	99	100	98	99	99	99
Baltimore	89	98	92	93		91	93	93	94	89	93	95
Calvert	100	98	100	100		100	100	100	100	100	100	100
Caroline	100	100	100	100		100	100	100	100	100	100	100
Carroll	95	96	84	96		96	95	100	95	90	100	94
Cecil	100	100	100	100		100	99	87	93	99	100	94
Charles	99	98	98	98		94	99	100	100	95	98	100
Dorchester	99	100	99	99		99	100	100	100	100	100	99
Frederick	100	100	100	100		100	100	98	100	100	100	100
Garrett	100	100	100	100		100	100	100	100	100	100	100
Harford	100	95	90	91		97	97	95	93	94	99	96
Howard	89	94	100	84		98	98	100	100	100	97	100
Kent	100	97	100	98		99	100	100	89	91	95	87
Montgomery	93	80	80	81		90	73	69	66	61	86	93
Prince George's	96	96	93	91		96	96	96	92	85	95	89
Queen Anne's	100	100	100	100		100	100	100	100	100	100	100
St. Mary's	100	99	100	100		99	98	100	99	100	100	100
Somerset	100	100	100	100		100	100	100	100	100	100	100
Talbot	91	93	96	96		88	79	98	100	100	100	100
Washington	100	100	100	100		100	100	97	100	99	100	99
Wicomico	98	98	100	99		99	96	99	53	90	93	100
Worcester	100	96	100	100		100	99	100	100	100	100	96
TOTAL COUNTIES	96	97	95	95		96	96	98/92	92	90	96	95
Baltimore City	97	98	99	99		100	100	100	99	100	99	100
STATE TOTAL	96	97	96	96	96	97	97	99	94	93	97	97

EXPEDITED ISSUANCE BY COUNTY % Compliance July '83 - June '84

30-Day Compliance

	7/83	8/83	9/83	10/83	11/83	12/83	1/84	2/84	3/84	4/84	5/84	6/84
Allegany		92	96	99	96	98	90	97	99	98	99	99
Anne Arundel		98	99	98	99	98	error	99	97	98	104	97
Baltimore		94	75	79	70	72	83	89	85	95	98	99
Calvert		94	100	98	100	100	100	98	100	100	100	100
Caroline		100	100	98	100	100	100	100	97	100	100	98
Carrroll		100	100	88	91	97	92	96	90	95	100	100
Cecil		100	100	100	100	100	100	100	100	100	100	100
Charles		41	80	84	90	88	94	95	97	98	100	100
Dorchester		100	100	100	97	97	99	95	98	100	100	100
Frederick		100	100	100	101	100	100	100	100	100	100	100
Garrett		104	100	91	82	89	89	93	95	91	97	98
Harford		92	99	98	96	93	97	98	100	99	100	99
Howard		104	error	98	error	92	88	84	74	81	100	97
Kent		100	91	100	97	84	100	90	92	96	100	100
Montgomery		99	92	96	99	99	100	99	98	98	99	99
Prince George's		83	96	96	96	95	96	97	95	98	96	97
Queen Anne's		100	100	100	100	100	100	100	100	100	100	100
St. Mary's		100	99	99	100	error	99	99	99	98	100	99
Somerset		100	100	100	100	100	100	100	100	100	100	100
Talbot		100	100	100	100	97	100	100	100	100	100	100
Washington		98	100	100	100	99	99	100	100	100	100	100
Wicomico		100	100	98	98	100	100	100	100	99	101	99
Worcester		100	98	100	100	100	100	100	100	100	97	100
TOTAL COUNTIES		98	94	94	93	93	95	97	95	98	99	99
Baltimore City		88	99	99	99	99	99	100	98	99	99	100
STATE TOTAL		92	95	95	94	94	96	97	96	98	99	99